Author's response to reviews

Title: A Caucasian Australian Presenting with HTLV-1 Associated Myelopathy: A Case Report

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RESPONSE TO REVIEWERS

REVIEWER 1 (Pasquale Ferrante)

The manuscript is well organized and well written and is acceptable for publication on Journal of Medical Case Reports Editorial, but the authors should comment in a more detailed manner the fact that the brain and spinal cord of the patient did not show abnormalities when examined with MRI.

We thank the reviewer for his positive feedback and have inserted the following paragraph (and associated references) under the Discussion on page 5, indicating that MRI did not reveal diagnostic abnormalities:

Our patient’s brain and spinal cord MRI scans did not reveal diagnostic abnormalities. In one study, spinal cord T2 weighted imaging abnormalities were identified in 3/21 patients with HTLV-1 myelopathy and 11/21 showed non-specific T2 weighted brain abnormalities; one patient had diffuse transient oedema of the entire spinal cord. These authors have found poor correlation between clinical observations and MRI findings with cervical demyelination in 3/28 patients, cervical atrophy in 1/28 and enhancing lesions in 1/28 – spinal cord lesions correlating with active CSF inflammation. Most patients with HTLV-1 myelopathy and severe neurological disability (EDSS ≥ 6) do not have spinal MRI abnormalities and possess non-specific brain MRI white matter lesions, as in our patient.
REVIEWER 2 (Giovanna Zorzi)

The case report is well written and exhaustive with detailed clinical and follow-up information.

We thank the reviewer for his positive comments.

*If available, it can be interesting to have information about the cognitive and psychiatric profile of this patient and to add a comment whether this profile can be considered within the spectrum of HTLV-1 neurological manifestation.*

In response, the following paragraph (and associated reference) has been added under the Discussion on page 5:

Our patient had a history of heavy alcohol consumption and monthly intravenous drug usage over many years including amphetamines, cannabis, heroin and Ecstasy – he frequently shared needles. He did not have obvious cognitive impairment, encephalopathy or other neuropsychiatric manifestations which might be associated with HTLV-1 neurological manifestations.

We resubmit our manuscript and hope you will give the revision your favourable consideration.

Yours sincerely

PETER K PANEGYRES