Author's response to reviews

Title: Long-term progressive deterioration of visual function after papilledema improved by embolization of a dural arteriovenous fistula in the sigmoid sinus: a case report

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Author's response to reviews: see over
Dear Editor,

Thank you for your kind consideration of our manuscript, entitled “Long-term progressive deterioration of visual function after papilledema improved by embolization of a dural arteriovenous fistula in the sigmoid sinus: a case report.” We have read the reviewers’ comments carefully and revised the manuscript with Tracked Changes accordingly. We are grateful to you and to the reviewers, as our manuscript is much improved. Our point-by-point responses are included below. The page and line numbers cited correspond to the respective positions in the revised manuscript. We hope that these revisions have addressed your comments adequately.

Sincerely yours,
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Editorial
1. Please include the Ethnicity of the patient in the Abstract and Case presentation sections.

Our response:
Thank you for your comments. We have added the ethnicity of the patient to the Abstract and Case Presentation sections (page 2, line 5; page 4, line 7).

2. Please change the description of the patient’s gender to ‘male’.

Our response:
We have changed the description of the patient’s gender to “male” (page 4, line 7).

3. Please include an acknowledgement section at the end of the manuscript before the reference list. Please acknowledge anyone who contributed towards the study by making substantial contributions to conception, design, acquisition of data, or analysis and interpretation of data, or who was involved in drafting the manuscript or revising it critically for important intellectual content, but who does not meet the criteria for authorship. Please also include the source(s) of funding for all authors. Authors should obtain permission to acknowledge from all those mentioned in the Acknowledgements.

Our response:
We have included an appropriate Acknowledgements section at the end of the manuscript before the Reference List (page 10, lines 9-14).

Reviewer 1 (Dr. Elizabeth Golesic)

1-1. Good use of images and clinical tests in the appendices. The final paragraph of the Introduction needs grammar changes.

Our response:
Thank you for your comments. We have corrected the paragraph, and the entire revised manuscript was checked by a professional English language–editing service prior to resubmission.

1-2. Under Case Presentation on page 4: ‘at that point in time, he had almost asymptomatic visual loss’ - you mention earlier that the patient had NO visual loss at this point. Asymptomatic visual loss is a misleading and confusing statement. Did the patient have visual loss, or not?
Our response:
We have revised these portions of the text to ensure that they will be neither misleading nor confusing to readers (page 4, lines 15-16).

1-3. You state that patients with papilledema don’t have lasting vision changes if prompt treatment to address the underlying cause is initiated. What is an acceptable timeline to allow papilledema to carry on before one can expect permanent change? Your patient had disc swelling for 3 months. Is that not a long time for the discs to be swollen? What does the literature say about how long papilledema can exist before permanent damage occurs.

Our response:
As far as we can determine from the literature, no time limit in which papilledema must be treated in order for there to be no permanent changes in visual acuity and the visual field has been defined. Further, when we revised the manuscript, we noted that the following sentence was not entirely correct: “It is generally believed that a person affected by papilledema will not have permanent damage to their eyesight if they receive prompt medical care to treat the underlying cause of the papilledema.” We have changed the sentence to read “It is generally believed that a person affected by papilledema will not have progressive damage to their eyesight if they receive adequate medical care to treat the underlying cause of the papilledema” (page 2, lines 2-3; page 3, lines 10-12). We have revised the manuscript throughout to reflect this correction.

Reviewer 2 (Dr. Eddie Liu)

2-1. The topic of this manuscript is novel. It describes a unique case and raises an interesting question in the prognosis of papilledema caused by DAVF. However it does not provide sufficient explanations or recommendations on the topic, which diminishes its importance in clinical practice. The manuscript is well structured and easy to follow, however further editing in language and sentence structure will help to make the paper more concise.

Our response:
Thank you for your comments. We have made revisions throughout the manuscript, and we hope that these revisions are an adequate response to your comment.

2-2. page 3, paragraph 1, last sentence: reference to backup this statement will make your argument stronger.

Our response:
As stated above in “1-3,” we have revised this portion of the text. We did not add a reference to the last sentence, because we could not find a discussion of visual acuity after treatment in the literature. However, we added appropriate references to the portions of text before the last sentence to strengthen our argument (page 3, lines 8-10).
Our response:
As we stated in “2-1,” we have revised this portion of the text (page 6, lines 13-14).

2-4. page 6, last paragraph and page 7, first paragraph. These two paragraphs discuss possible causes behind the delayed optic atrophy. Expanding on these two ideas will help to strengthen the manuscript.

Our response:
Because we regard the last paragraph of page 6 to be especially important, as it discusses possible reasons for delayed optic atrophy, we have expanded this portion accordingly (page 7, lines 6-15).

2-5. page 8, line 3 and 4: providing evidence for this section will make the manuscript more relevant for clinical practice.

Our response:
We have added an appropriate reference to this to this portion of the text to support this statement and to make the manuscript more relevant to clinical practice (page 8, lines 14-15).

2-6. page 8, line 5 to line 16: It is not clear to me how these two paragraphs on depression relate to the causes of delayed deterioration in visual function. The manuscript will be more concise if a relationship is found between the delayed visual decline and depression to suggest depression as a cause or risk factor. Otherwise this section does not seem relevant to the topic.

Our response:
In these two paragraphs, we explain that DAVF is not only associated with papilledema, but also with depression and dementia. We have tried to suggest that if a clinician sees a patient showing signs of papilledema with depression and/or dementia, DAVF should be considered as the cause of these disorders. Deteriorated visual function itself has also been shown to cause depressive symptoms in patients; thus, the relationships among DAVF, deteriorated visual function, and symptoms of depression and dementia are complex. However, as this reviewer pointed out, neither depression nor dementia are associated with delayed deterioration in visual function. We have revised these two paragraphs to be more concise, which we hope allows our point to be conveyed more clearly (page 8, line16-page 9, line 5).
Others

We have renumbered the references accordingly.