Author's response to reviews

Title: An unusual case of infective pneumocephalus: case report of pneumocephalus exacerbated by continuous positive airway pressure

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Author's response to reviews:

Dear Dr. Christian Backer Mogensen,

We would like to thank you and the reviewers for taking the time to carefully appraise the revised submission of our manuscript entitled “An unusual case of infective pneumocephalus: case report of pneumocephalus exacerbated by continuous positive airway pressure,” (EMMD-D-17-00071). We have made thorough revisions to the manuscript in accordance with the constructive feedback provided during the second peer review process. We feel the manuscript in its revised form will be of high interest for publication in BMC Emergency Medicine. We summarize our response to the editor and reviewers below.

Editorial Comments

Editor Comment 1: Your manuscript "An unusual case of infective pneumocephalus: case report of pneumocephalus exacerbated by continuous positive airway pressure" (EMMD-D-17-00071R1) has been assessed by our reviewers. Based on these reports, and my own assessment as Editor, I am pleased to inform you that it is potentially acceptable for publication in BMC Emergency Medicine, once you have carried out some essential revisions suggested by our reviewers.
You will notice that especially one reviewer suggest you to reduce the length of your case report. While BMC EM only has limited the length of the abstract to 350 Words, which you fulfill, I agree that the case report is quite long, and could be even more interesting to read if it is reduced. Especially the background section is long, the case presentation adequate but with some redundancy between the text and figure. I suggest you to elaborate a bit more on this part, and am looking forward to receive a minor revision of this fine paper, which can then be handled without a new external review process.

Author Response to Editor Comment 1: We would like the thank the editor for reviewing our manuscript. We appreciate your positive feedback and the opportunity to revise our work for submission to your journal. We agree with both you and reviewer 2 that the manuscript has grown into a lengthy piece which may not be palatable for readers. We have extensively shortened the introduction and discussion in this revised submission.

Reviewer Comments
Reviewer 1
Reviewer 1 Comment 1: I am satisfied with the work you have done guys.

Author Response to Reviewer 1 Comment 1: We thank the reviewer for their positive feedback and are pleased they were satisfied with the revisions made in accordance with their constructive feedback.

Reviewer 2
Reviewer 2 Comment 1: This version is better, but you still need to work on it. Firstly the article needs a thorough language check. For instance:

Page 3, line 31: There was no "growth" of S. salivarius, but a finding of the bacteria via PCR.

Author Response to Reviewer 2 Comment 1: We thank the reviewer for their critical appraisal of this study and are pleased they are happier with the revised version of the manuscript. We appreciate the reviewers identification of grammatical errors and inconsistencies in the reporting of our study. We have revised our case-report accordingly. We have revised page 3, line 31 of
the abstract to read, “highlighted by the discovery of S. salivarius in the cerebral spinal fluid (CSF) by polymerase chain reaction (PCR),” acknowledging this was not cultured.

Reviewer 2 Comment 2: Page 3 line 33: How do you know the "growth" a S. salivarius was exaberated by CPAP? line 35: Did the patient really eliminate the causative factors? How did she do that?

Author Response to Reviewer 2 Comment 2: We suspect the “growth” of S. salivarius was exacerbated by CPAP. We have softened our language in the abstract to reflect our suspicion. This section of the abstract now reads, “Further investigations acknowledged possible sinus or middle ear disease, which was highlighted by the discovery of S. salivarius in the cerebral spinal fluid (CSF) by polymerase chain reaction (PCR) and in our suspicion potentially exacerbated by the use of nocturnal Continuous positive airway pressure (CPAP). The patient made a complete recovery by eliminating likely causative factors…” We acknowledge it is important to describe how the patient eliminated the likely causative factors, however due to word constraints we feel this discussion is better left for further elaboration in the manuscript.

Reviewer 2 Comment 3: line 40-42: Why do you use Capital letters for Metronidazole and Teicoplatin but not for ceftriaxone?

Author Response to Reviewer 2 Comment 3: We have now capitalized the names of all antibiotics in the manuscript.

Reviewer 2 Comment 4: Page 5 line 58-60: You write: "A mechanism of irritation meriting further discussion include the exacerbating effects of assisted breathing devices..." The sentence is long, hard-to-read and I don't think it adds value. I think you should delete it.

Author Response to Reviewer 2 Comment 4: This sentence has been removed from the introduction.

Reviewer 2 Comment 5: Page 6 line 28: Have CPAP been linked to traumatic pneumocephalus?? Or do you mean atraumatic pneumocephalus?
Author Response to Reviewer 2 Comment 5: We thank the reviewer for noting this grammatical error, we did mean atraumatic pneumocephalus. This has now been corrected.

Reviewer 2 Comment 6: Page 7
line 26: "a history of presenting symptoms" - why don't you just write "presenting symptoms".
Author Response to Reviewer 2 Comment 6: We have revised the manuscript to now read, “presenting symptoms.”

Reviewer 2 Comment 7: Page 8: line 49: "Findings for the lumbar puncture revealed a turbid fluid...". Why don't you just write: "Lumbar puncture revealed turbid fluid..."
Author Response to Reviewer 2 Comment 7: We have revised the manuscript to now read, “Lumbar puncture revealed a turbid fluid with ......”

Reviewer 2 Comment 8: These are just some examples: There are very many of this kind of linguistical problems and also many spelling errors.

Author Response to Reviewer 2 Comment 8: We thank the reviewer for their critical appraisal of this study. We have worked to thoroughly revised our writing to amend any grammatical errors and linguistical problems.

Reviewer 2 Comment 9: Focus on the serious CNS-infection with S. salivarus and the probably causative association with CPAP, and that (if I understand you right) the finding of pneumocephalus indicates that there might be a sinus wall osteomyelitis causing a valve mechanism instead of haematogenous spread.

Author Response to Reviewer 2 Comment 9: We appreciate the important suggestions to focus our manuscript. In our efforts to shorten the paper we feel the focus is now brought back to the overall finding of pneumocephalus whereby a sinus wall osteomyelitis is likely causing a valve mechanism instead of haematogenous spread. This key findings is now better highlighted in our conclusion.
Reviewer 2 Comment 10: 2. Shorten the article - delete all Words, sentences and sections that don't add value. I think cut at least 30% of your letters.

Author Response to Reviewer 2 Comment 10: We have extensively shortened the introduction and discussion sections of the manuscript. Please note we have removed 300 words from the introduction and 100 from the discussion.

Reviewer 2 Comment 11: 3. Have a thorough language check by a person that is trained in written English.

Author Response to Reviewer 2 Comment 11: All members of the team (ASA, BBD, DS, and WB) have thoroughly reviewed the manuscript for any grammatical error and reporting inconsistencies.

Reviewer 2 Comment 12: 4. Drop the part about neurological symptoms being a challenge in the ED-unit.
Author Response to Reviewer 2 Comment 12: The discussion of neurological symptoms being a challenge in the ED-unit has been removed from the manuscript.

Reviewer 3
Reviewer 3 Comment 1: I thank the authors for carefully incorporating the reviewers' comments. The revised manuscript is significantly better with a clear message that the reader is able to follow. This is now a very interesting case that adds to the literature and highlights an important potential complication of CPAP use. I do have a suggestion for the authors regarding the introduction. The improvements in this version are significant however, I would incorporate part of the introduction into the discussion as I feel it is better placed in this section. Page 6, line 8, from 'Common side effects of CPAP...' to line 33, '...assisted breathing devices.' could be moved to the discussion section. I think the flow would be improved if this section is moved to the discussion right before page 12, line 29 'Although further research...'
Author Response to Reviewer 3 Comment 1: We would like to thank Reviewer 3 for both their interest in this study as well as their positive feedback. We are pleased our revisions satisfied the reviewer. We agree the discussion of CPAP is better reserved for the discussion section of the case report. In accordance with feedback from reviewer 3 we have moved this section to the discussion.

We thank the reviewers and editor for their constructive evaluation of this work. We hope we have clarified any of the issues brought forward. We thank you for considering this work.

Yours Sincerely,
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