Author's response to reviews

Title: A novel mutation within the lactase gene (LCT): the first case report of congenital lactase deficiency diagnosed in Central Europe

Authors:

Walid Fazeli (Walid.Fazeli@enp.org)
Sigrid Kaczmarek (Sigrid.Kaczmarek@akh-celle.de)
Martin Kirschstein (martin.kirschstein@akh-celle.de)
René Santer (r.santer@uke.de)

Version: 2 Date: 22 June 2015

Author's response to reviews: see over
MS: 1281389355170572 –
"A novel mutation within the lactase gene (LCT): the first case report of congenital lactase deficiency diagnosed in Central Europe"

To the Editor:

With this letter we would like to submit our revised manuscript on congenital lactase deficiency to BMC Gastroenterology.

According to the suggestions of the reviewers we have changed our draft. Here is a point by point description of our changes:

Response to reviewer 1:

Minor Essential Revisions:

1. This manuscript would be enhanced by putting this mutation in the context of other mutations. For example- are other mutations deletions, missense or nonsense mutations? Is there any other deletion mutation leading to a premature stop?

We thank the reviewer for this suggestion. In order to put our findings in the context of other mutations we have now included a table summarizing all 4 reports on LCT mutations, including information on deletions, missense and nonsense mutations.
2. Please include Family history (other children affected?). Depending on the nature of the consanguineous relation in the family/inclusion of a pedigree would be of interest.

We thank the reviewer for this query. To make this more clear, we added this sentence: “Family history was unremarkable, particularly cases of neonatal diarrhea or unexplained death shortly after birth were not observed.” Since there was only a single case in this family, we believe that a pedigree does not provide additional information.

3. The authors state that biopsy testing should replaced by genetic testing. This is a strong statement and should be qualified. Genetic testing AND clinical improvement (including growth improvement) must take place for endoscopy to be bypassed.

We thank the authors for this comment. Already in the conclusion of the abstract we had stated that this recommendation refers to “typical” cases. According to the suggestions of reviewer 2, we have now changed the sentence (see below). Furthermore, we have also added a sentence in the discussion stating more clearly that this refers to “patients with typical symptoms and a positive response to dietary elimination of lactose”

Discretionary Revisions
1. Line 134 gastroscopy should be esophagogastroduodenoscopy or at least gastroduodenoscopy.

‘gastroscopy’ was of course changed to ‘gastroduodenoscopy’. We thank the reviewers for this important hint.

2. Line 146 add gastroenterologists

We have also added gastroenterologists to the list.

3. Line 113 Please define colics.

Although we thought that the term ‘colic’ is quite common, it was changed to ‘severe pain attack’.

4. In addition to the genetics leading to easier diagnosis, it also aids in the ability to guide the family with genetic counseling and for family planning. Addition of these sentiments would improve the discussion.

A sentence mentioning this aspect is now included in the discussion. We thank the reviewers for this important suggestion.

Response to reviewer 2:

Minor Essential Revisions:

This case report demonstrates a novel mutation in the lactase gene (LCT). The report is of importance for physicians taking care of these patients. The case report is well written and clearly presented. I do however think the authors should consider to rephrase in their conclusion that intestinal biopsies are obsolete and should be replaced by genetic testing. This is true if the genetic testing is positive, as in this particular case, but there are also other rare congenital conditions affecting the intestinal tract that needs to be confirmed by an intestinal biopsy. I would suggest to phrase it: b) intestinal biopsies can be avoided in typical cases that are confirmed by genetic testing.
We also thank reviewer 2 for this suggestion, particularly as reviewer 1 had a similar comment. We changed conclusion (b) as suggested.

Furthermore, we have corrected the citation of reference [8].

Again, we would like to thank the reviewers and the editorial board for their valuable suggestions. We hope that our manuscript is now acceptable for publication in BMC Gastroenterology.

Sincerely,

Prof Dr R Santer
for the authors