Author’s response to reviews

Title: Mitochondrial neurogastrointestinal encephalopathy as a mimic of Crohn's disease: a case report

Authors:

Ravi Patel (rp466@cam.ac.uk)
Lucia Coulter (llc32@cam.ac.uk)
Joanna Rimmer (joanna.rimmer@addenbrookes.nhs.uk)
Miles Parkes (miles.parkes@addenbrookes.nhs.uk)
Patrick Chinnery (pfc25@cam.ac.uk)
Oscar Swift (o.swift@ucl.ac.uk)

Version: 1 Date: 06 Aug 2018

Author’s response to reviews:

Dear Editor,

Thank you for the review of our manuscript and associated suggestions. We have made changes to incorporate all points raised, as follows:

1. How did the Authors treat both patients? Have the Authors planned a specific treatment in the next future (i.e. allogenic hematopoietic stem cell transplantation)?

   - Addition to Discussion and Conclusions section (lines 80-83): “To date, both patients remain clinically stable under supportive management, although allogeneic stem cell transplantation has been discussed as a potential treatment should they deteriorate in the future.”

2. A recent paper reported a case of MNGIE misdiagnosed as refractory celiac disease, in which several clinical and radiological features were similar to those reported in the current manuscript (Imperatore N, et al. Mitochondrial neurogastrointestinal encephalomyopathy (MNGIE) mimicking refractory celiac disease. Dig Liver Dis. 2017). Please comment

   - Addition to Discussion and Conclusions section (lines 92-94): “MNGIE has also recently been shown to mimic refractory coeliac disease6, a consideration in the differential diagnosis of non-response to a gluten free diet.”

- Addition to Discussion and Conclusions section (lines 107 to 116): “Alongside haemodialysis, platelet transfusion and allogeneic stem cell transplantation, liver transplantation and nucleotide supplementation have been proposed as treatments for MNGIE. Concern over high mortality rates following allogeneic stem cell transplantation has led to the emergence of liver transplantation as a potential alternative, with high level of expression of thymidine phosphorylase in the transplanted liver shown to normalise the plasma thymidine and deoxyuridine levels. Of these proposed treatments, Patient 1’s case suggests that nucleotide supplementation may require caution because manipulating mitochondrial nucleoside pools could have unanticipated effects. Further investigation into the potential association of TYMP mutations with febrile hypersensitivity reactions secondary to azathioprine is needed.”