Author's response to reviews

Title: Acute Fatal Posthypoxic Leukoencephalopathy Following Benzodiazepine Overdose - A Case Report and Review of the Literature

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Author's response to reviews: see over
March 17th, 2015  
To: Executive Editor of BMC Neurology Journal  
Re: Response to the reviewers of our submitted case report titled: Acute Fatal Posthypoxic Leukoencephalopathy Following Benzodiazepine Overdose - A Case Report and Review of the Literature

Dear Dr. T Shipley

I would like inform you that we resubmitted our case report and here is our response to the reviewers’ reports by order:

Reviewer (1):

“The authors have done a good job of addressing concerns from each of the reviewers. We would however, request that they please reference the patient's positive toxicology screen for cannabis in the discussion section. Just as a previously reported case that they referenced did include both benzodiazepine and cocaine exposure, this case did include exposure to at least two substances. While it is unclear how this would contribute to leukoencephalopathy, it is still important to make this distinction.”

We thank the reviewer for his interest. To answer his request, the following paragraph was added explaining why we think cannabis rule might be minimal.

“The rule of cannabis in our case is unclear, but we believe it is of a less significance than benzodiazepines for the following reasons; the first being cannabis is known to cause coma only in the children. Secondly, the amount of the THC found in our patient is relatively small and is not typically associated with decrease level of consciousness. For example, Carstairs et al reported a 14-month-old girl who had decreased level of consciousness (GCS 7) secondary to accidental cannabis ingestion. Her urinary THC-COOH level was 3844 ng/mL and her clinical improvement coincided with a marked decline in the level of urinary THC-COOH to 203 ng/mL[25]. Lastly, the patient was intoxicated with another well-known CNS depressant in a significantly higher quantity which better accounts for the clinical picture. Nevertheless, it is not possible, at this point, to totally eliminate an undescribed rule of THC in the pathogenesis of leukoencephalopathy.”

The second reviewer is satisfied with the changes we made and he believes it’s a well written case report and will interest the readers of BMC Neurology journal.

In addition, we made the following minor changes:
Line 62: “they seem to cause” is changed to “are known to cause”
Line 63: “in” is changed to “on”
Line 68: “as a delayed” is changed to “as delayed”
Line 70: “this latter” is changed to “the latter”
Line 81: “19-years-old” is changed to “19-year-old”
Line 88: “Apart from being easily irritable, more isolated and having sleep difficulties, the patient did not have major psychiatric disorder” is changed to “Apart from easy irritability, tendency to spend most the time alone and sleep difficulties, the patient did not have major psychiatric disorder”
Line 111: “was … movement” is changed to “were … movements”
Line 126: added “an” before acute
Line 133: “starts” is changed to “started”
Line 141: “attack” is changed to “episode”
Line 145: “were” is changed to “was”, the word "focality” was added
Line 164: “was found to” is changed to “had”
Line 179: “and” is changed to “or”
Line 195: “are compatible with” is changed to “shows”
Line 244: “pyramidal signs (huperflexia, upoging plantar responses, spasticity, etc ), exptrapyramidal” is changed to “pyramidal, extrapyramidal”
Line 249: we added “our patient didn’t have lumbar puncture. In patients of DPHL, routine ....”
Line 249: we deleted “in most of the studies”, and added “are typically”
Line 356: “the patients could” is changed to “patient could”

To follow the common scheme in medical writings, the paragraph about pathophysiology was put before discussing treatment and prognosis.

Bets regards,

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