Author’s response to reviews

Title: Spinal cord hemorrhage in a patient with neurosarcoidosis on long-term corticosteroid therapy: case report

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Author’s response to reviews: see over
Dear Sir or Madam,

You will find with this cover letter the revision we have made for the case report « Spinal cord hemorrhage in a patient with neurosarcoidosis on long-term corticosteroid therapy. Case report ». Thank you.

Best regards,

Benoit PEGAT

1) Change due to author’s checklist:

The title was changed avoiding capitalization: “Spinal cord hemorrhage in a patient with neurosarcoidosis on long-term corticosteroid therapy: case report”
The title page has been done like the template.

2) Review due to Editor’s comment:

“Furthermore, I suggest making clearer the issues relating to spinal lesion locations throughout the manuscript…”
The localization of the lesion has been clarified in the abstract [line 31], the presentation [lines 57-60] and the legends for the first inflammatory event and the hematoma [75-77].

“2. Case presentation.... I recommend to include a full description in the case presentation”
A full description of the lesion has been included in the presentation [58-60]

“3. Figure 1C ? clarify which level of the spine is this slice?”
The level has been specified in the legend [line 228]

3) Review due to 1st reviewer: M. Heldner

“Major Compulsory Revisions: I suggest, that the authors discuss the characteristics of spinal cord hemorrhage more in detail... to add more references focusing on spinal cord hemorrhage”

We discussed the characteristics of the hemorrhage [line 107-111] adding the references proposed by Mr Heldner.
4) Review due to 2nd reviewer: S. Wegener

“Furthermore, I suggest a different interpretation of this case (resulting in a different "take home message" for physicians treating neurosarcoidosis patients).”

We changed the take home message (abstract and conclusion), and focus on the improvement after surgery that is not well known for hematomyelia.

Major Revisions:
“…. There is sufficient evidence to suggest that hemorrhage in neurosarcoidosis is caused by vascular pathologies... , there is no further evidence to support the role of steroids as the cause of bleeding”

We changed the discussion of the causes of the hematoma. We had the idea that there is no evidence that steroids cause the bleeding [line 104-106]

“Therefore, the initial ICH or siderin deposits should not be an argument to withhold sarcoidosis treatment. The interpretation of the case should be adjusted.”

The conclusion has been changed [120-122]

“Minor:
1) ACE is not a suitable parameter to monitor neurosarcoidosis activity in the CSF. sIL-2 receptor or increase in spinal fluid cell number would be more appropriate. Was CSF analyzed after the relapse? How did the paramters develop? Were oligoclonal bands investigated?”

We had the analysis of the CSF after the relapse [line 67-68]
We had the oligoclonal bands results [lines 61 and 71].
We haven’t done the sIL-2 receptor, yet it is not done routinely in our hospital.

“2) Please check English (abstract and text).”

English changes have been proposed all along the article.

“3) It would be interesting to demonstrate brain MRI before the detection of ICH.”

There is only a sagittal flair and axial T1 that were done previously.
The quality of the images are not so good when we change for transversal flair to compare them.
The comparison of the sequence is not easy. We decided not to add the sequence before the ICH.