Author's response to reviews

Title: Peripheral neurolymphomatosis with tracheal asphyxia: a case report and literature review

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Version: 6 Date: 19 June 2015

Author's response to reviews: see over
Author's response to reviews

Title: Peripheral neurolymphomatosis with tracheal asphyxia: a case report and literature review

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Version: 4 Date: 12 June 2015

Author's response to reviews: see over
Reviewer's report
Title: Peripheral neurolymphomatosis with tracheal asphyxia: a case report and literature review

Version: 3  Date: 16 April 2015
Reviewer: Carlos Kamiya-Matsuoka

Reviewer's report:
Major revisions
1. I would like the authors to carefully proofread the entire manuscript.
   Done

2. Please delete the NAME of the patient from the figures (PET scans).
   Done

3. Authors mentioned that NL may be cured, please mention literature about this statement.
   In our case, the patient achieved a complete remission after impact chemotherapy and involved field radiotherapy. Though the prognosis of NL is poor, there were very few reports say that patients may get complete remission, like the reference 3, and so on.

Minor revisions
1. Describe the chemotherapy regimens before using abbreviations. Use correct unit abbreviations (e.g. g/L instead of g/l).
2. Discuss about time of onset (as initial presentation, during the course of disease, etc...)
3. Discuss about the NL patterns seen in patients with lymphoma (authors may compare it with NL due to leukemia).
4. Better description of the neurological examination (e.g. "limited flexion and extension of right finger").
   Done
Reviewer's report
Title: Peripheral neurolymphomatosis with tracheal asphyxia: a case report and literature review
Version: 3 Date: 21 April 2015
Reviewer: Atsushi Fukunaga

Reviewer's report:
Major Compulsory Revisions
1. Although this case was indirectly diagnosed as neurolymphomatosis using PET/CT, nerve biopsy is still the gold standard for the diagnosis of neurolymphomatosis. Please mention clearly the reason why this case was diagnosed as neurolymphomatosis without nerve biopsy.

   Though our patient refused to have a nerve biopsy, considering her lymphoma disease history, the symptoms of neurologic impairment and the PET/CT results, the diagnosis could be set up. It has also been reported that NL could be diagnosed without nerve biopsy.

2. Generally, native check should be necessary about an English.
   Done

Minor Essential Revisions
3. In page 3 line 101 and 107, the number of Figures were miswritten.
4. In page 3 line 112 and 123, A hyphen and a small letter are wrongly spelled.
   Done
Reviewer's report
Title: Peripheral neurolymphomatosis with tracheal asphyxia: a case report and literature review
Version: 3 Date: 25 April 2015
Reviewer: Ernestina Santos
Reviewer's report:
I think the case report is interesting and deserves to be published, but still needs some minor essential revisions.
I would suggest:
- to improve the description of neurological examination,
- to complete with all the investigation that was done, describing what other diseases were excluded, namely at the time of relapsing,
- and to improve the quality of the english language.

Done
Reviewer's report

Title: Peripheral neurolymphomatosis with tracheal asphyxia: a case report and literature review

Version: 3

Date: 28 April 2015

Reviewer: quanshi wang

Reviewer's report:

Major Compulsory Revisions

1. The author wrote too more about the clinical presentations and little about the findings of PET/CT, especially in the ABSTRACT. We can not find the important role of PET/CT in the diagnosis and evaluation of curative effect for this patient. It needs to add some content to emphasize the role of PET/CT.

   We have revised this part and deleted some description of clinical presentations to put on the importance of PET/CT. And we also think that our patient developed tracheal asphyxia is a rare clinical presentation.

2. In Case Presentation, the author wrote too more for the past medical history, and it may be shortened and payed more attention to the present illness.

   The diagnosis of NL is challenging. We gave a detailed description about the patient’ past medical history just because I guess that Our case may be suffered the brachial plexus NL at first administration for her right-sided brachial plexus nerve damage symptoms and with neurogenic damage showed by EMG in 2012.

3. We suggest the author may provide more images of MRI, CT and fused images of PET/CT of the lesions. It may be more helpful for the readers to understand the importance of 18F-FDG PET/CT for the establishment of diagnosis.

   Done

4. The references were not written according to the journal's style. It needs to modify them.

   Done

5. there are numerous spelling, syntactical and grammatical errors. It needs to be rewritten and the author may get the help from the person in English native country.

   Done