Author’s response to reviews

Title: Utility of somatosensory evoked potentials in the assessment of response to IVIG in a long-lasting case of chronic immune sensory polyradiculopathy.

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To the kind attention of the Editor and Reviewers

Mohammad Kian Salajegheh, M.D. (Reviewer 1):

B. Materials and Methods:

1. Given that this is a case report, the authors could not really do reliable statistical analysis. Irrespective of this, did the authors perform correction for multiple comparisons when reporting their p values?

Answer:

The Scheffé method was used as post-hoc test for adjusting, as correction for multiple comparisons, the significance levels obtained with linear regression analysis

C. RESULTS

1. Page 9, Line 22: this is a case report and not a case control study. They also cannot "assume" what an increase in sample size may shows and this needs to be removed.

Answer:
The following sentence has been deleted: “This last point must take into account the conditions of a case-control study; the "p" value is, in this case, very close to significant, and it is reasonable to assume that significance could be achieved through a minimum increase in the sample size”

Tim Hagenacker (Reviewer 2):

Case Report:

The authors should mention the interval between the first methylprednisolone therapy and the IVIG treatment.

Answer:

The patient was treated with IVIG 10 days after the steroid cycle

Page 5, Line 61: As a second step, “ten days after high dose steroid course”, she was treated …...

When IVIG was started, was induction dose similar to maintainig dose?

Answer:

Considering the evolution of the clinical picture and its time-course, we chose to use the same dose of IVIG both for induction and the following treatment courses

The authors should mention the INCAT-scores during treatment.

Answer:

Page 5, Line 10: (ODSS: 4)

Page 5, Line 61: (ODSS:4-5)

Page 6, Line 5: (ODSS: 1-2)

Page 6, Line 7: … stable remission over the following 9 years, “with an ODSS of 0-1”.

Page 6, Line 12: (ODSS: 2-4)

Page 6, Line 27: (ODSS scale)

Similarly, we have included in the text a short comment on the ODSS scores as recorded during the study protocol, as follows:

Page 8, Line 12.
At the same time, ODSS values were quantified in the range of major disabilities (4-6) in 61.4% (70/114) of the total recordings, and with scores 5-6 (severe disability) in 35% (40/114).

Page 9, Line 1.

The ODSS scores were in the range 0-2 (moderate or absent disability) in 77.7% (56/72) of the total recordings, and with score 3 ("requires unilateral support to walk 10 meters - stick, single crutch, one arm") in only 15.2% (11/72).

Minor:

Methylprednisolone instead of metilprednisolone.

Answer:

Page 5, Line 59

Correction performed

Results:

Have NCS usually been performed during the treatment?

Answer:

Neurographic (NCS) controls were regularly performed in the same sessions of SSEPs recordings with normal values during the whole observation period.

Figures:

The authors should include original SSEPs.

Answer:

We provide 2 additional figures (Fig. 4 and 6) regarding SSEPs recordings (here in preview mode). As a consequence, the figures were re-numbered also adjusting the respective references in the text.

Figure 4

Figure 6
Example of SSEPs pattern recorded at the 28th-day control after an IVIG cycle.

Upper traces: SSEPs from median nerve stimulation show normal responses.

Lower traces: SSEPs from tibial nerve stimulation show absence of both the peripheral and cortical responses.

Example of SSEPs pattern recorded at the 18th-day control after an IVIG cycle.

Upper traces: SSEPs from median nerve stimulation show normal responses.

Lower traces: SSEPs from tibial nerve stimulation show the presence of both the peripheral (N22) and the cortical (P40) response, although the latter with increased latency.

Additional variations:

Page 4, Line 42: We describe the results of a combined clinical “(INCAT - Overall Disability Sum Score (ODSS)” and ….. [8] - being the first citation of the scale in the background.

As a consequence, we have deleted the extended description of the scale in page 7, line 10

Figure 3. Superimposed graphs of the daily ODSS and the longitudinal trend of tibial SSEPs (N22 and P40 latencies) recorded every 7 days over a period of 16 consecutive weeks.

The bold lines below the horizontal axis refer to each cycle of IVIG scheduled every 28 days. Note the large P40 latencies fluctuations significantly correlated to the highest ODSS values.
Figure 5. Superimposed graphs of the daily ODSS and the longitudinal trend of tibial SSEPs (N22 and P40 latencies) recorded the first day of each IVIG administration and after 7 – 14 days for 13 consecutive recordings.

The bold lines below the horizontal axis refer to each cycle of IVIG scheduled every 18 days. Note the relevant stabilization of P40/N22 latencies and the reduction of ODSS values.