Author’s response to reviews

Title: Lumbar Puncture as Possible Cause of Sudden Paradoxical Herniation in Patient with Previous Decompressive Craniectomy: Report of Two Cases

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Version: 2 Date: 31 Mar 2017

Author’s response to reviews:

Dear Editor:

Thank you and the reviewers for your valuable suggestions. We have carefully read through the comments and made proper revisions. Our responses to the reviewer’s questions are listed below. We greatly appreciate your time and efforts to improve our manuscript for publication.

Sincerely,

Renfu Yan

Comment

1) Beside the fact that Authors are still not describing in a simply a clear way what is really Paradoxical herniation, and why it can occur, in my previous revision there was all the "essential" matter of this argument:
"The pathophysiology of paradoxical herniation has been postulated to be secondary to a large craniectomy defect exposing the intracranial contents to the external positive atmospheric pressure. This may cause also CSF disease, including post-traumatic hydrocephalus”.

The Authors could report this brief description

Response

Thanks for your suggestion. The description has been added at the beginning of discussion section.

Comment

2) If the Authors may realize this concept, they should be aware that a Lumbar Puncture is always an hazard in these circumstances, and not the solution like They were thinking when They performed LP in their patients.

Infact, with the reduction in intracranial pressure, the intracranial contents deviate under a pressure gradient away from the site of craniectomy, and this is the motive for which CSF drainage procedures are uncommonly performed, especially Lumbar Puncture.

Why the Authors are not enhancing this concept from the beginning of the discussion?

Response

This case report reported our lesson from these two patients. LP is a risk of paradoxical herniation, and it should be performed with a caution when it is necessary. Your suggestion has been adopted.

Comment

The Authors are describing in the Discussion the utility of a Blood patch, like in the cases of CSF Hypotension, without remembering that the first therapy for hydrocephalus from cranial decompression is Cranioplasty.

Response

The changes have been made at the discussion section. Thanks for your comments again.