Author’s response to reviews

Title: Nitrous oxide induced subacute combined degeneration with longitudinally extensive myelopathy with inverted V-sign on spinal MRI: a case report and literature review

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Author’s response to reviews:

Amir Garakani (Reviewer 1)

The authors addressed all of my concerns and I have no major or minor revision recommendations at this point.

[Reply] Many thanks for this positive comments.

One issue with references:

Discussion, page 4, lines 46-54. The authors cite [1] for this but I am unsure if this is covered in this paper. You may want to cite another reference like Garakani et al, Psychosomatics, 2013 (where there is an illustration of the effects of N2O on methionine synthesis) or Hathout et al [reference 3]

[Reply] Many thanks for this comment. We quite agree with this kind suggestion. We have cited this reference in our revised manuscript (Garakani A, Welch AK, Jaffe RJ, Protin CA, McDowell DM. Psychosis and low cyanocobalamin in a patient abusing nitrous oxide and cannabis. Psychosomatics.2014,55:715-9).

Some minor stylistic/grammatical corrections:

Page 3, Line 7: add a comma after "even death"

Page 3, Line 13-14: after "(SCD)" change the comma , to a semicolon ;
Falk Mancke (Reviewer 2)

The authors have made some important revisions. My main remaining point of criticism is that the authors should name what thorough neuropsychological examination they did, e.g., the CERAD test battery. And more importantly, they should add the results. This of even more relevance as this would add to the novelty of the case, which - at least in my view - is still very limited.

[Reply] Many thanks for this comment and criticism.

In our present study, as for the cognitive assessment, we only performed the assessment of MMSE, and the deficits of MMSE included orientation (minus 3 scores), attention and calculation (minus 4 scores). Due to the domains of cognitive decline, however, we did not perform the other neuropsychological tests such as CERAD test battery, language or executive function.

Indeed, as suggested, if we underwent other more thorough neuropsychological tests, we may find some more information and the clinical features of the cognitive deficits especially in patients of SCD induced by N2O.

The authors should also check for typos, e.g. sometimes a word seems to be missing.

[Reply] Many thanks for this comment. We have improved as required.