Author’s response to reviews

Title: A Case of Surgically-associated Anti GQ1b Antibody Syndrome Accompanied by Saccadic Ping Pong Gaze

Authors:

Jingzhe Han (hanjingzhe2017@sina.com)
Yanan Xie (xieyanan19860313@163.com)
Haiyan Yan (yanhaiyan1216@sina.com)
Yuecheng Cao (422521181@qq.com)
Hongmei Wang (30795969@qq.com)
Duanhua Cao (mengyu184@sohu.com)

Version: 2 Date: 01 Jan 2019

Author’s response to reviews:

Assistant Editor Comments:

Please accept our apologies for the delays you have experienced with your manuscript. We thank you for your continued patience. Please address the following comments:

1. Headings:

Please change 'Discussion' to 'Discussion and Conclusions'.

Response: It has been revised.

2. Abbreviations:

Please provide a list of all the abbreviations used in the manuscript. This list should be placed just before the Declarations section. All abbreviations should still be defined in the text at first use.

Response: It has been added.

3. Ethics Approval,
In the declarations, please include the full name of the ethics committee (and the institute to which it belongs to) that approved the study and the committee’s reference number if appropriate. In your response letter, please can you also clarify why ethics approval was necessary for this case report as it is not normally required for case reports according to most national guidelines.

Response: It has been added.

4. Competing Interests:

Please include a statement on financial and non-financial interests in the Declarations.

Response: It has been added.

5. CARE checklist:

Thank you for completing a CARE checklist. As it is no longer required, we kindly ask that you please remove it from the submission system.

Response: It has been removed.

6. Language:

Please have the text edited by a professional language editing service or a native English speaking colleague. There are many issues with grammar, wording, spelling, and/or punctuation that need to be addressed.

Please note that use of a professional language service is not a guarantee of acceptance for publication.

Response: It has been revised.

7. Follow-Up:

Please could you clarify what you mean by "the patient still had the condition of speech discomfort and inactivity of limbs"?

Response: After 6 months of follow up, the patients left behind a lack of fluency in speech and limb mobility, but the basic life can be taken care of by himself. Physical examination showed clear mental reaction and mild dysarthria. No blepharoptosis. Bilateral pupils are large and equal circles, which are sensitive to light reflection. The eyeball moves freely in all directions without nystagmus. Bilateral frontal lines and nasolabial sulcus remained unchanged. The strength of
limbs was grade 4+.

Decreased tendon reflex in extremities. The bilateral finger-nose and heel-knee-tibia tests were not (mildly) accurate. Double Pasteur sign was negative.

BMC Neurology operates a policy of open peer review, which means that you will be able to see the names of the reviewers who provided the reports via the online peer review system. We encourage you to also view the reports there, via the action links on the left-hand side of the page, to see the names of the reviewers.

Reviewer reports:

Marcello Moccia, MD (Reviewer 1): Han and colleagues reported on a case of ping-pong gaze occurring during the course of Anti GQ1b autoimmunity syndrome. The paper is overall clear and well written. I have some minor issues I would like the authors to comment on.

In the introduction, I would mention that ping-pong gaze can be also related to stroke/lesional and metabolic causes (Moccia et al. JAMA Neurol 2014; Vaduganathan et al. New Eng J Med 2015).

Response: It has been added in the revised manuscript.

I wonder whether any additional neuroimaging study was performed over the course of the disease. I would be cautious in the discussion on the pathogenesis of ping-pong gaze (e.g., mesencephalon), if there is no supportive evidence of that.

Response: During the course of the disease, the patient underwent several head CT examinations, but no characteristic changes were found. Although the patient underwent a head MRI examination, no typical BBE features were found, considering may be related to the timing of MRI examination.

Finally, I would recommend authors highlight the 2 main novelties of their case: 1) a case of ping-pong gaze with relatively benign evolution; 2) ping-pong gaze in cerebral autoimmunity.

Response: It has been added in the revised manuscript.