Author’s response to reviews

Title: Characteristics of neurological Wilson's disease with corpus callosum abnormalities

Authors:
Zhihua Zhou (zhouzh20051103@163.com)
Yunfan Wu (wuyunfan2007@163.com)
Jin Cao (caojin111@163.com)
Jiyuan Hu (jiyuanhujiyuan@163.com)
Yongzhu Han (hanyongzhuyong@126.com)
Mingfan Hong (mingfanhongmf@126.com)
Gongqiang Wang (gongqiangwanggq@163.com)
Shuhu Liu (shuhuliushu@163.com)
Xuemin Wang (xueminwang77@163.com)

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Author’s response to reviews:

Dear Editor and reviewers,

On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript. We appreciate editor and reviewers very much for their positive and constructive comments and suggestions on our manuscript entitled “Posterior (splenium) and anterior part (genu) abnormalities of corpus callosum in Wilson's disease”(NURL-D-18-00343R1). To address the critiques of the reviewers, we revised our manuscript according to their comments.

We would like to express our great appreciation to you and reviewers for comments on our paper.

Looking forward to hearing from you. Thank you and best regards.

Yours sincerely,

Correspondence to: zhihua zhou
zhouzh20051103@163.com
Reviewer reports:

Imran Rizvi (Reviewer 1): Posterior (splenium) and anterior part (genu) abnormalities of corpus callosum in Wilson's disease

Comments

The authors have described involvement of corpus callosum in patients with Wilson's disease, the study appears interesting but there are several factors which are severely affecting the quality of the manuscript.

#1. The manuscript is poorly written, there are numerous grammatical errors and spelling mistakes which make it very hard to decipher the article.

Answer: Thanks! I fully agree with you. I have requested the Web Shop of ELsevier to language editing for this paper.

#2. In the material and methods sections the authors have described several of their observations which is disturbing the flow of the manuscript. The methods sections should be described in details as per the STROBE guidelines.

Answer: Thanks! I fully agree with you. I have revised the material and methods sections.

#3. There are several errors in the statistical analysis portion. The authors have compared various scales (UWDRS Neurological symptoms score etc) in the 2 groups. The authors have represented them with a mean ± standard deviation and compared them using the t test. But I think these score scales are examples of ordinal variables so they should be represented by a median along with an inter quartile range rather than a mean ± standard deviation. The ordinal measures should further be compared using a non-parametric test like Man-Whitney U test rather than a t test.

Answer: Thanks for pointing out my statistical errors! I fully agree with you. I have revised it.

#4. The representative images of MRI provided by the authors are very poor quality and does not appear to be classical of WD. High resolution images in the form of collage (along with suitable markers) should be provided. Two images should be shown 1 of a patient with callosum involvement and another without CC involvement.
Answer: Thanks! I fully agree with you. I have added the MR image of WD-CCA in figure 1. Because of the 1.5T MRI, I am very sorry that the resolution images are not very clear.

#5. The conclusion drawn from the article are not clear.

Answer: Thanks! I fully agree with you. I have revised it in conclusion section.

Atanu Biswas (Reviewer 2): The article is interesting and I congratulate authors for carrying out this study. I, however have following comments for the authors:

#1. Authors stated that they have assessed time of appearance of corpus callosum lesion from disease onset. It is not clear how this is performed. This being a cross-sectional study assessment of patients was done only once and as only one scan was performed. Thus, exactly when corpus callosum lesion has appeared is difficult to assess.

Answer: Thanks! I fully agree with you. As you said, the course of the disease here is indeed the time when WD patient was first found to be abnormal in the corpus callosum. So the duration of WD is from the onset of the disease to the time when the abnormal corpus callosum was found for the first time.

#2. The explanation of widespread involvement of brain lesions in MRI and consequent more severe clinical features of Wilson's disease with corpus callosum involvement is not provided in the manuscript. Authors may put forward a hypothesis for this. As clinical severity and extensive lesions are associated with corpus callosum involvement, it seems corpus callosum only gets involved in more advanced disease. This is also supported by the observation of long duration of disease in corpus callosum involved cases.

Answer: Thanks! I fully agree with you. I have revised it in the text according to your suggestion.

#3. The manuscript requires thorough English language checking.

Answer: Thanks! I fully agree with you. I have requested the Web Shop of ELsevier to language editing for this paper.