Author’s response to reviews

Title: A Rare But Treatable Cause of Recurrent Chest Pain - Ictal Chest Pain

Authors:

Ching Soong Khoo (chingsoongkhoo@gmail.com)
Dongah Lee (peony1003@gmail.com)
Kang Min Park (smilepkm@inje.ac.kr)
Byung In Lee (BILEE@paik.ac.kr)
Sung Eun Kim (epidoc@inje.ac.kr)

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Reviewer 1:
1. Her vital signs were as follows: blood pressure 100/60 mmHg, pulse rate 68 beats per minute and temperature 36.6°C. During all these attacks, there were no significant changes in blood pressure, pulse rate, electrolyte and serum glucose levels. Cardiac enzymes were repeatedly within normal limits. All the above-mentioned data have been included in our case presentation.
2. Sphenoidal electrodes were suggested, however patient declined the procedure. She neither lost consciousness nor became amnesic after all these attacks. Her follow-up EEG was normal with no interictal epileptiform discharges.

Reviewer 2:
1. Thanks for highlighting this important point! The patient had no changes in blood pressure, heart rate, ECG or elevated cardiac enzymes during those attacks. The presenting sign was only the chest pain. The title has been altered and relevant statements have been included to detail our report.
2. We think that the current title is catchy to attract the readers’ attention.
3. Chest pain as the sole manifestation of epilepsy has not been reported except once case report by Sureshbabu et al. Its exact mechanism remains elusive. However, possible mechanisms as suggested have been added into the second last paragraph.
4. The monopolar montage (Cz referential montage in this case) displays the interictal discharges from the temporal region clearer.
5. Possible mechanisms as suggested have been added into the second last paragraph in the discussion section.

6. Those mistakes have been rectified.

Reviewer 3:

1. Chest pain as the sole manifestation of epilepsy has not been reported except once case report by Sureshbabu et al. Its exact mechanism remains elusive. However, possible mechanisms as suggested have been added into the second last paragraph.

2. During all the attacks of chest pain, background attenuation was seen, which was followed by fast rhythmic spikes from the right hemisphere (figure 2). They gradually evolved into 4 hertz (Hz) delta activities that increased in amplitude (figure 3). The above-described definite ictal EEG changes during the chest pain firmly support the diagnosis of epilepsy. Unfortunately imaging such as ictal SPECT, MEG, PET were not done as first the patient was not keen; and she remained symptom free after our treatment.

3. Thank you for your comment! The report has been revised and proofread.