Author's response to reviews

Title: Transient traumatic isolated neurogenic ptosis after a mild head trauma: a case report and literature review

Authors:

Guichen Li (Gretchen666@yeah.net)
Yang Zhang (zhangyang_930@126.com)
Xiaobo Zhu (zhuxiaobo@126.com)
Kun Hou (hkyyayz@yeah.net)

Version: 3
Date: 12 August 2015

Author's response to reviews: see over
Dear editor and reviewers,

We want to thank you for your thoughtful and often enthusiastic comments regarding our submitted manuscript. We appreciate the opportunity to respond. We hope that the Editor will be willing to reconsider our manuscript for the publication. All reviewers also had concerns regarding the manuscript. Below, we respond to each comment by the reviewers. In addition, changes and additions to the manuscript are highlighted in red. We look forward to hearing from you soon.

Yours sincerely,

Kun Hou M.S.

Corresponding author

E-mail: hkyyayz@yeah.net
*Revision Note*

**Referee 1**

Major compulsory revisions

1. Question: The terminal branch of the superior division of oculomotor nerve may damage after BOF (blow out fracture), but BOF of frontomedical wall is rarely related to occipital region contusion in this case.

Response: As was described in the section of case presentation that “the force bearing point was her occipital region” so the patient did not suffer blow out fracture in the periobital region. The relative wafer right frontomedial orbital wall might be fractured by forces transmitted from the occipital region.

2. Question: If this article did not prove that TTINP was follow by occipital contusion, this case is not very rare and there is few clinical value.

Response: The patient did not experience mental disturbance through the accident. Physical examination on admission did not show frontal skin injury. But in contrary, contusion and swelling of the occipital region skin was noticed on admission. So in view of the reasons listed above, we believe that the medical history recalled by the patient was credible. Although the patient did not have direct periorbital injury, the relative
wafer right frontomedial orbital wall might be fractured by forces transmitted from the occipital region.

3. Question: Figure 1 a legend is not match figure 1a . Dose frontal pole mean cerebral cortex or skin lesion ? please use arrow for ensuring lesion.
Response: Frontal pole means tip of the frontal cortex. We would mark it in the picture with arrow in the revised version. In order to avoiding misunderstanding, we would like to revise frontal pole as frontal cortex.

4. Question: In abstract, there may be missing sentence for condensation, especially cases presentation
Response: We have revised the abstract especially with emphasis on the case presentation.

5. Question: Ocular motor nerve is divided into sup. and inf. division at orbital apex(superior orbital fissure). Sup. division of ocularmotor n. innervate to levator palpabrae superiores and superior rectus muscle and Inf. division of ocularmotor n. innervate to medial rectus muscle , inf. oblique muscle and constrictor pupillae, So up gaze and down gaze photo will be necessary . and pupil state is also necessary.
Response: We are very sorry for missing the photos of up gaze and down gaze. We have to confess that we did not realize the importance of
obtaining photos of eye motility in different directions when the patient was in hospital. And due to our poor shooting skills, the pupil constriction was not illustrated clearly. This is really an embarrassing shortcoming of our case report. We are really very sorry for that. But what we want to say in this case report is that TTINP might manifest as a unique entity with a relatively mild, reversible, and non-devastating injury to the terminal branch of the oculomotor nerve and for which perhaps no special treatment is needed. The proposed mechanism is injury of the terminal branch of the superior division of the oculomotor nerve.

Minor Essential revisions

1. Question: Does Levator excursion mean levator function test?
Response: Levator excursion means the furthest distance between the upper and lower eyelids when someone tries his best to open eyes.

Referee 2

Major compulsory revisions

Question: The authors describe a case with transient isolated neurogenic ptosis after trauma. Isolated blepharoptosis after head trauma is not commonly reported in the literature but it may have been present within the large series reporting oculomotor palsies after head trauma.
Oculomotor palsies are more commonly reported after frontal region injury(1) The present case had mild contusion and laceration in the bilateral frontal poles per CT. The authors state that their case is distinguished from the other similar cases in the literature with the fact that their patient had no periorbital injury. The authors cannot claim with certainty that this patient had no periorbital injury. Since the history of the fall is not clear and the patient had orbital roof fracture on the same site of ptosis, the authors should refrain from such statements. #ntroduction and discussion as well as the abstract sections should be revised accordingly.

Response: The patient did not experience mental disturbance through the accident. Physical examination on admission did not show frontal skin injury. But in contrary, contusion and swelling of the occipital skin was noticed on admission. So in view of the reasons listed above, we believe that the medical history provided by the patient was credible. Although the patient did not have direct periorbital injury, the relative wafer right orbital wall might be fractured by forces transmitted from the occipital region. And contusion and laceration of the bilateral frontal poles were deemed as counter-coup injury. It is also the unicity of our case that indirect injury to the periorbital region was the corresponding cause compared with previous reports.
Minor essential revisions

1. Question: 1. instead of "--- female was slipped down" recommend : "--female slipped and fell down"
Response: Thanks for your valuable advice. We have revised the expression in accordance with your suggestion.

2. Question: "An ophthalmological examination showed that the eyes movements and pupil sizes and responses were normal" - the sentence can be rephrased as: The ophthalmic examination showed normal extraocular motility and pupillary responses without anisocoria."
Response: We appreciate your perfect advice very much and have revised the expression in accordance with your suggestion.

3. Question: The following description needs a reference: "TTINP has at least two identical characteristics: a) TTINP occurs secondary to direct or indirect injury of the upper eyelid and its innervation; b) self-limited with recovery after a certain period of time with conservative treatments or just observation."
Response: We are pleased to accept your advice and give the references.
4. Figure legend 2(b-d) : can be rephrased as b) right eye in primary position c-d) normal extraocular motility of the right eye in right and left gaze

Response: We appreciate your advice very much.

5. This is not really a literature review, case report is expected to include some related literature anyway so this can be omitted from the title of the manuscript

Response: We have revised the title as **Transient traumatic isolated neurogenic ptosis after a mild head trauma: a case report**

Discretionary Revisions

1. Question: It would have been nice to have a photo of the patient during upgaze (since this is the most important direction to show the readers that supraduction is not affected, only the terminal branch is injured) Coronal CT showing the fracture site can be added to better demonstrate the fracture.

Response: We are very sorry for missing the photos of up gaze and down gaze. We have to confess that we did not realize the importance of obtaining photos of eye motility in different directions when the patient was in hospital. And due to our poor shooting skills, the pupil constriction was not illustrated clearly. This is really an embarrassing
shortcoming of our case report. We are really very sorry for that. Due to the long time interval from the patient admission to reporting this case, original data of her radiological investigation has been deleted. So coronal CT could not be obtained.