Author’s response to reviews

Title: Stable clinical course in three siblings with late-onset isolated sulfite oxidase deficiency: a case series and literature review.

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Author’s response to reviews:

November 22, 2019

Dear editors and reviewers,

Thank you very much for consideration of our manuscript “Stable clinical course in three siblings with late-onset isolated sulfite oxidase deficiency: a case series and literature review” (BPED-D-19-00217_R1). We found the annotated manuscript (uploaded by reviewer 3) was the original manuscript (BPED-D-19-00217), not the revised version (BPED-D-19-00217_R1). Nevertheless, we appreciate the thoughtful comments of the editor and reviewers, as current suggestions and comments are valuable for improving our manuscript. We have revised the manuscript to reflect their criticisms on the basis of our original and revised manuscript.

Sincerely,

Yi Qu

Prof. Yi Qu
Response to reviewers

We appreciate the thoughtful comments of the reviewers, and we have revised the manuscript to reflect their criticisms (see underlined).

1 Editor Comments:

The quality of the English used throughout your manuscript does not currently meet our requirements, as there are several incorrect sentence constructions and grammatical errors throughout obscuring the message the authors want to convey. We recommend that you ask a native English speaking colleague to help you copy-edit the paper. If this is not possible, you may need to use a professional language editing service. Use of an editing service is neither a requirement nor a guarantee of acceptance for publication.

Response: We appreciate the reviewer’s comments. English language has been edited for our revised manuscript using a professional language editing service. We have attached the certification of language editing from Editage.

Please also note that patients should not be identifiable in figures associated with the case, I believe that video 3 and video 4 currently do not fulfil this criteria.

Response: We appreciate the reviewer’s comments. In order to make the patients unidentifiable, video 3 and video 4 have been edited.

2 Parayil Sankaran Bindu (Reviewer 2):

Authors have incorporated most of the suggestions. I am happy that they sought expert advice and corrected the MRI findings.

Additional suggestions include

1. Background: Instead of the term "psychomotor restriction" use psychomotor delay. I would prefer the terms classic early onset forms and late onset mild forms in keeping with the literature
Response: We appreciate the reviewer’s suggestion. We have used “psychomotor delay” instead of the term "psychomotor restriction" (Line 58, underlined). We have also used the terms “classic early onset ISOD” and “late onset mild ISOD” instead of the terms “classic ISOD” and “mild ISOD” in the revised manuscript.

2. The section on differential diagnosis of neuroimaging findings (methyl globus pallidus hyperintensity with or without substantia nigra involvement) needs rewriting. Similar findings are seen in organic acidurias (methylmalonic acidemia, isovaleric acidemia), kernicterus, pyruvate dehydrogenase deficiency, carbon monoxide poisoning, succinic semialdehyde dehydrogenase deficiency etc.

Response: We appreciate the reviewer’s suggestion. We have rewritten the differential diagnosis section according to the reviewer’s suggestion (Line 213-220, underlined).

3 José Pedro Vieira:

This manuscript is acceptably original and accurate.

It needs in my view a substantial review in English language. I suggest as annotations to the manuscript what seemed to me the major problems regarding this. There are still some questions about the content of this work also mentioned in the annotations.

Response: We appreciate the reviewer’s suggestions and encouraging comments. We have revised every annotation you mentioned in our revised manuscript (see underlined). Besides, English language has been edited for our revised manuscript using a professional language editing service. We have also attached the certification of language editing from Editage.