Author’s response to reviews

Title: Spinal epidural hematoma without significant trauma in children: Two case reports and review of the literature

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Dear editors

We would like to thank BMC Pediatrics for the review of our article entitled: “Spontaneous spinal epidural hematoma in children: Two case reports and review of the literature”. We have read the comments of the reviewers with interest. Below you will find the reply to the comments of the reviewers. Changes in the manuscript are marked in red.
According to the comments of the editorial board we have now changed the title of the article and omitted the word "systematic". Although the reviewer 5 mentioned that a different structure (form of a regular review article) might have to be considered, we decided to leave the current structure of the Case Series with accompanying review. We have also changed the email address of Dr. Maduri (new address) and made small additional changes in the text and tables (in the sense of the reviewers’ comments).

Thank you again for your kind review of the manuscript. If you have any additional questions, please feel free to contact us.

Yours sincerely

Sebastian Grunt for the whole research team

 Replies to the comments of the reviewers

Hiroshi Yamaguchi (Reviewer 3): This is a revised manuscript (R1) of two case reports of SSEH in children with extensive review of the pediatric literature. The authors responded appropriately to reviewer's questions, and the paper much better improved. I recommend to accept this manuscript after minor changes below.

We thank the expert for his benevolent judgment.

1) In Fig.1, it is better to describe which figure is T1 or T2. For example, in case 1 (Fig. 1 a-c) a hyperacute epidural hemorrhage was revealed (T1w isointense signal (b) and T2w slightly hyperintense signal (a)) etc.

This was adjusted accordingly

2) It may be better to show the vertical axis label of the figure 3

The illustration has been re-labelled accordingly

Dimitrios Christos Nikas, MD (Reviewer 4): I would like to thank the authors for addressing the points I have made in my previous review. I think the manuscript is now ready for publication.

We would like to thank the expert for this assessment

Nadia Roumeliotis, MD.CM., MSc. (Reviewer 5): Thank you for this review. The authors have presented 2 cases of SEH in children, a condition with very little in the literature. The manuscript is well written. I agree the manuscript should potentially be structured
as a review given the systematic nature of the literature search that follows. The systemativ lit
review does not fully insert into a case report format, although works well for a literature review.

Thank you very much for this important input. As already mentioned in the previous version and
above in this letter, we decided to stick to the original form of a Case Series with accompanying
review. According to the suggestion of the editorial board we changed the title (see above).

The article is also well written and conclusions are supported.
A few minor issues with the english in the revised sections:
Background - line 2 In "the " literature line 6 -the condition "is" mostly line 7 decades "of life",
with a Line 17-soem factor"s" are "important in" determining the choice of treatment:...
Case 1. "anamnestic" should be change to "no a posteriori history of ..."

These points have been corrected accordingly

Table 1 can likely be shortened significantly, and consider removing the N column and adding
this to first column with the units.
Eg. Age at diagnosis in years, median (IQR) (N=153).
Time from diagnosis to treatment in days, median (IQR) (N=...)

This table has been shortened and adjusted accordingly. We have decided to omit the outcome
data from Table 1. We have now inserted the ASIA assessment in the last clinical assessment in
a new column in Table 2. The percentages of the ASIA scores in the present Table 2 refer to the
surviving 148 patients and differ from the percentages in the original Table 1 (where the
deceased patients were included in the percentages). Since the mortality data in the current
version are no longer visible in the table, we have adjusted the text accordingly. On page 9, line
23 to 25, we now note:"Two percent of the patients with SHE described in the literature died. We
found that 65.5% of the surviving patients of children (aged under 18 years) with SEH without
significant trauma recovered completely (see table 2) – in contrast to the lower overall complete
resolution rate of 40% previously reported for all age categories (0–90 years)4."