Author’s response to reviews

Title: Hyperglycemia-related central pontine demyelination after a binge-eating attack in a patient with type-2 diabetes: a case report

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Hyperglycemia-related central pontine demyelinization after a binge-eating attack in a patient with type-2 diabetes: a case report

Rainer U. Pliquett, MD, PD; Arno Noll, MD; Richard Ibe, MD; Alexandra Katz, MD; Charlotte Ackmann, MD; Alexandra Schreiber; Matthias Girndt, Prof. Dr.

Dear Mrs. Dickens, dear Dr. Mockrigde,

I appreciate the way the manuscript was handled, the personal communications and the very constructive hints to improve the quality of the manuscript. It is my pleasure to resubmit the manuscript after addressing the final revisions as requested.

Requested revisions:

1. Please represent authors' names using their full initials, not their full name, in the Authors' Contributions section. If there are any duplicated initials, please differentiate them to make it clear that the initials refer to separate authors. Please list the contribution of all authors separately; it is not sufficient to state 'All authors'.

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a) made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; AND

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Anyone who contributed towards the article who does not meet the criteria for authorship can be acknowledged in the ‘Acknowledgements’ section.

Changes were made accordingly.

2. Please edit the ‘Consent for publication’ section to indicate how consent was given (written or verbal). Please also indicate whether the patient gave consent to the publication of clinical details and images.

This statement was specified accordingly. All original statements signed by the patient can be provided when requested.

3. At this stage, please upload your manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files.
Manuscript was revised accordingly prior to upload.

As the reviewer Reviewer 2 pointed out („I disagree with the authors' assessment in the discussion that dysmetria, gait ataxia, and vertigo, even in a hyperammonemic cirrhotic patient, are consistent with hepatic encephalopathy, especially if the mental status was normal.“), the authors are totally in favor with this view. As the course of disease and the rationale for decisions at a given time were displayed, the hyperammonia can be excluded as a cause for the symptoms. It was stated that symptoms even worsened, despite a decrease of serum ammonia levels over time.