Author’s response to reviews

Title: Metabolic Encephalopathy secondary to Diabetic Ketoacidosis: A Case Report

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BMC Endocrine Disorders

Dear Editor,

Many thanks for accepting the manuscript titled “Metabolic encephalopathy secondary to diabetic ketoacidosis: A case report” for peer review. Please find below a detailed description of my response to the concerns raised by the reviewers.

1. How was the patient found? Who is the historian? How much of the history was built and work up dictated by the PMH from medical records? This would impact the DDx and how the work up was obtained: A more detailed account of the clinical history and collateral history has been added to the “Case presentation” section on page 4 and 5, line 87-97. The patient was found by emergency services, who forced entry into his bedroom following a call from his co-habitants who recognised his absence.

2. Since metabolic encephalopathy is a rather rare DDx item when was it considered?: A more detailed account of the differential diagnosis and work up has been provided in the “Differential diagnosis” section, page 11, line 215-223. The differential of metabolic encephalopathy was considered one week into the admission when behavioural disturbance persisted despite correction of diabetic ketoacidosis.
3. The conclusion in yellow highlight should state that rather than a straight conclusion, the diagnosis of metabolic encephalopathy from DKA is the most likely diagnosis: This has been amended, line 330.

Please do not hesitate to contact me if there are any further queries.

Sincerely,

Dr Maria Tomkins