Author's response to reviews

Title: Migraine aura without headache case report and literature review

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Author's response to reviews: see over
Which of the following best describes what type of case report this is? Unexpected or unusual presentations of a disease

We think this is both an unusual and unexpected presentation of disease. It is rare to see migraine aura without headache and it is unusual the symptoms would have occurred for so long.

Has the case been reported coherently? No

Is the case report authentic? Yes

Is the case report ethical? Yes

Is there any missing information that you think must be added before publication? Yes

Is this case worth reporting? Yes

Is the case report persuasive? Yes

Does the case report have explanatory value? Yes

Does the case report have diagnostic value? Yes

Will the case report make a difference to clinical practice? Yes

Comments to authors General Comments:

1. Overall, it seems to be an interesting case report. The presentation and disease entity is uncommon and hence worth sharing as case report.

Revisions necessary for publication

1. There is scope of improvement in context building and language. Sentences like, “Up to date, there was no typical case report on.......” and “The patient who had no any risk factors of .....” can be written in better manner.

Thank you for pointing this out. We have revised these sentences and should be grammatically correct now.
2. It is not clear how the case was diagnosed? i.e. on the basis of diagnostic criteria or
diagnosis of exclusion or on the basis of successful therapeutic trial of Flunarizine.
We clarified how the case was diagnosed.

3. It is not clear whether “Migraine aura without headache” which is described as rare
phenomenon has “The incidence is 3% and about 1% in female and male, respectively”
in general population or among all cases of headache or that of migraine.
This was clarified to be the percentage of patients who had migraines.

4. Why certain investigations like - thyroid hormone values and antithyroid peroxidase (TPO)
antibody level, anti-neutrophil cytoplasmic antibodies (ANCA), cellular and humoral
immune indexes – were ordered in the case? Are they routinely done in the particular
centre or these investigations have any role in the diagnosis of the cases presenting with
these symptoms?
These tests were performed because this case was both unusual and unexpected. We felt
it essential to rule out other possible neurological diagnosis.

5. Whether the description like “who worked in a department of radiology” is essential? How
the disease is related to this particular occupation is not clearly mentioned in the
discussion section?
We do not know if the patient’s occupation had any influence on his disease. As a matter of completeness, we included this information and made a small note in the discussion about it. However, it is interesting to point out that a patient working in the hospital, surrounded by physicians would have this problem undiagnosed for so many years. His occupation does suggest he has full access to health care, but it is not the position of the authors to comment on the correlation between diagnosed conditions and the availability of health care.

Level of interest An article of importance in its field

Quality of written English Needs some language corrections before being published

We hope the quality of written English on this manuscript is now sufficient for publication.