Author's response to reviews

Title: Migraine aura without headache: case report and literature review

Authors:

Yusheng He (drheys@gmail.com)
Yancheng Li (lyc_neuron@163.com)
Zhiyu Nie (nzhifu2002@sina.com)

Version: 5  Date: 22 December 2014

Author's response to reviews: see over
Author's response to reviews

Title: Migraine aura without headache case report and literature review

Authors:

Yusheng He (drheys@gmail.com)

Yancheng Li (lyc_neuron@163.com)

Zhiyu Nie (nzhiyu2002@sina.com)

Version: 4 Date: 20 December 2014

Author's response to reviews: see over
Reviewer's report

Title: Migraine aura without headache: a case report and literature review

Version: 2
Date: 29 November 2014

Reviewer: Jasna Zidverc-Trajkovic

Reviewer's report:

Which of the following best describes what type of case report this is?: None

Has the case been reported coherently?: Yes

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?: No

Is the case report persuasive?: Yes

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

Comments on manuscript "Migraine aura without headache: a case report and literature review"

The authors presented the case of 64-years old man with 30-years history of transitory visual disturbances that previously were considered transitory ischemic attacks. Detailed description of symptoms enables to establish the proper diagnosis of migraine aura without headache. The message from authors to readers is important clues for differential diagnosis between migraine aura and TIA.

Meanwhile, several important omissions of the manuscript should be taken into account:

1. The official term of this migraine subtype, according to diagnostic criteria of International Classification of Headache Disorders is 1.2.1.2 Typical aura without headache. The third (beta) version of the Classification is nowadays everywhere accepted and should be used for manuscripts.
meant to be published in professional journals.

Thank you for this clarification. Migraine aura without headache in my manuscript has been changed as typical aura without headache.

2. Migraine is highly prevalent disorder. The prevalence of typical aura without headache is notably lower, but is still higher than prevalence of epilepsy and the majority of other well-known neurological disorders. So, the authors' statement: "As far as know, there were no detailed case reports on typical visual aura without headache in adult." is not correct. There are numerous case series exploring the differences between this migraine subtype and other subtypes. For example Donnet A, et al. Migraine with aura in patients over 50 years of age: the Marseille’s registry, published in Journal of Neurology in 2010 and Aiba S, et al. Prevalence of typical migraine aura without headache in Japanese ophthalmology clinics, published in Cephalalgia in 2010.

Thank you for pointing out our original wording was not clear.

We report the case of a patient experiencing typical aura without headache for over 30 years, who was repeatedly misdiagnosed with TIA. Both of the papers you have cited are excellent studies that show this disease is rare, but reported in the literature. We refered to the literature and made the corresponding revision in my discussion section.

3. The listed mechanisms of pathophysiology are related to aura in migraine with aura. The mechanisms of presence of aura and absence of headache during a migraine attack are not known and probably are not the same.

The pathogenesis of aura is still poorly understood. We have modified the manuscript with this clarification.

4. The manuscript needs some language corrections.

Thanks for your reminding, We have modified grammar and usage.

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

I declare that I have no competing interests.

Reviewer's report
Title: Migraine aura without headache case report and literature review

Version: 2
Date: 9 December 2014

Reviewer: Piyush Ranjan

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.

   This diagnosis was accorded with the third International Classification of Headache Disorders beta-version (the ICHD-3 beta).

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.

   Thanks for your reminding. We have modified the sentence: “The incidence is 3% and about 1% in female and male of migraine, respectively”.

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 such as inflammatory cerebrovascular disease.

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 included this information and made a small note in the discussion about it. The patient experienced medical education, so he could talk about his case history in detail and objectively describe visual attack graphs.

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.