Author's response to reviews

Title: Adult Kawasaki disease in a European patient: a case report and review of the literature

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Author's response to reviews: see over
Dear Journal of Medical Case Reports Editorial Team,

Thank you very much for considering our manuscript entitled “Adult Kawasaki disease in a European patient: a case report and review of the literature” for publication in the Journal of Medical Case Reports. The manuscript ID is 9718460721337305.

We have uploaded a revised version of the manuscript, having addressed all comments made by the reviewer. A detailed point by point response follows on the next page.

Sincerely,

Theano Kontopoulou
Dimitrios – Georgios Kontopoulos
Emmanouel Vaidakis
George P. Mousoulis
Point by point response to the reviewer’s comments:

Reviewer #1 (Emmanouil Ioannis Kapetanakis)

I read with interest the case report by Dr Kontopoulou in which they report a rare case of adult Kawasaki disease in a European/Greek patient. The presentation of such pathology in a non Asian patient is in itself quite interesting and as such the report merits publication.

Overall the manuscript is well written and the report is adequately elaborated and presented. However, my feeling is that it is quite extensive and long and would benefit from some reduction in size in certain areas (i.e. abstract, introduction, case presentation).

✓ Thank you very much for your kind comments. We have addressed them on a point by point basis below.

Specifically:

1. The abstract appears slightly over 250 words. If this is so maybe it should be reduced in size.

✓ We have counted the words of the abstract again and its length is 240 words. Given that this is well below the guidelines of the Journal of Medical Case Reports (350 words), we have not made any changes to it.

2. The introduction although very informative and well written is too long at 4 pages. Could the authors kindly reduce its size?

✓ We have reduced the length of the introduction down to 3 pages from the original 4. We were not able to condense it any further without omitting important information. It should be noted that this manuscript is not only a case report but also a literature review of a rare disease in adults.

3. What do the authors mean when they report “some years ago” don’t they have a patient file with an admission date? When did the patient present and was admitted to hospital (in months or in years)?

✓ In the previous version of our manuscript we did not specify the exact year in order to protect the anonymity of the patient. We have now added the words “of 2010” on page 8 of the manuscript, highlighting them with red colour.

4. What is “enormous malaise” reported in the case presentation and the abstract, how can you quantify it? Maybe linguistically the use “significant” is more appropriate.

✓ Indeed, the term “significant” is more appropriate. We have replaced “enormous” with “significant” on pages 3 and 8 of the manuscript and the changes have been highlighted with red colour.
5. The case presentation although thorough appears to elaborate and long. Can the authors omit some of the superfluous test reporting that may not be contributing to the understanding of the case (i.e. all the negative test results, his complete physical examination findings even the non significant ones ect.)

✓ We have removed the names of all the bacteria and viruses that were tested. As to the patient’s physical examination, we respectfully disagree. The diagnosis of Kawasaki disease can only be made after first having excluded infectious and autoimmune diseases. Therefore, a detailed physical examination and laboratory evaluation are of great significance. We have to stress that even with all symptoms of KD being present, the existence of the disease cannot be confirmed unless all other diseases with similar presentation are excluded. Unfortunately, to this day there is still no diagnostic test of KD available and the aforementioned procedures have to be followed meticulously.

6. The authors do not explain in their discussion section what made them consider such a rare pathology as Kawasaki disease in their differential diagnosis? Were there specific clinical signs, laboratory results ect or was it a diagnosis of exclusion and if so how did the confirm this).

✓ We agree that the explanation of the diagnostic procedure was slightly unclear. To this end, we have elaborated on the steps that led to the diagnosis of KD on page 11, which was essentially one of exclusion. The therapeutic result confirmed our suspicion of KD, while no specific test could do so.

In conclusion, I would be happy to recommend this work for publication on the merit of its rarity and if the authors are able to address the above 6 issues.

✓ Thank you once again for your comments.