Author's response to reviews

Title: Opsoclonus-myoclonus syndrome associated with a nasopharyngeal tumour in an adult: Case Report

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Author's response to reviews: see over
Dear Editor,

We would like to submit a report describing a case of paraneoplastic opsoclonus-myoclonus syndrome (OMS) associated with a nasopharyngeal carcinoma. In adults OMS is extremely rare with only isolated cases being reported in the literature. A paraneoplastic association is rarer yet. This is the first report of its kind describing a nasopharyngeal carcinoma associated with opsoclonus-myoclonus ataxia.

It is an excellent case as our patient exhibited the typical triad of features, namely; opsoclonus, myoclonus and ataxia. There are several features of this case report which are unique or attractive for your readership. Firstly, the multimodal combination of the treatment used in our patient (a tapering dose of steroids, intravenous immunoglobulins and chemoradiation aimed at the nasopharyngeal tumour) is only now being pre-emptively investigated in clinical trials. Secondly, our follow up period of 6 months depicting the excellent recovery without a relapse is significant in itself as other treatment protocols are known to cause higher relapse rates. Salient teaching points can also be derived from the excellent histology images, the unfortunate psychotic episode as a probable side effect of the steroids and the different imaging modalities used to identify the tumour.

The significance of this report is underpinned by the fact that this is the first time a nasopharyngeal tumour has been associated with OMS. Previous reports describe associations with ovarian, lung and breast cancer. This would mean prior to this report one may assume that a computed tomography scan of the chest, abdomen and pelvis together with tumour markers and a paraneoplastic antibody screen may be adequate in trying to identify a paraneoplastic source in adults based on the current literature base. However, for neurologists and otorhinolaryngologists alike this finding means that head and neck tumours should also be considered when an adult patient presents with this extremely debilitating condition and head and neck imaging or a positron emission tomography may help identify a tumour at an earlier and more treatable stage.

None of the authors have any competing interests.

As adult OMS currently has niche field we have no suggestions for peer reviewers that we personally know that are experts in the field.

Kind Regards

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