Author’s response to reviews

Title: Neuro-Behcet Disease Presenting Solitary Cerebellar Hemorrhagic Lesion: A Case Report and Review of the Literature

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Version: 1 Date: 10 Nov 2016

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Reviewer #1: Conclusion: "This implies that the patient's intracerebellar hemorrhage was due to intracranial vasculitis" is a definitive statement, which cannot be drawn from the pretend material. Instead, I suggest using: This implies that the patient's intracerebellar hemorrhage COULD HAVE BEEN due to intracranial vasculitis.

Also I suggest change of term intracerebellar hemorrhage to cerebellar hemorrhage.

Reply: We agree with the reviewer and we have changed term, sentences as follows:

“intracerebellar hemorrhage” -> “cerebellar hemorrhage”

“This suggests that the cerebellar hemorrhage could have been to intracranial vasculitis, which is a rare, if not unique, complication of neuro-BD.”
Reviewer #2: The article presents a case of presumed neuro-Behcet disease. It describes a patient with a prior history of Behcet's disease who presents with a cerebellar hemorrhage. The paper goes on to lay out the workup that was done, as well as the reasoning behind their diagnosis of vasculitis. Then it delves briefly into neuro-Behcet's disease as a whole, describing its variants and discussing in detail a case series of imaging findings in neuro-Behcet's disease.

A major issue with the article is the tenable link between the workup and the diagnosis put forth by the authors. It remains unclear as to whether the hemorrhage was due to vasculitis itself. Alternative explanations for the hemorrhage could include a hypercoaguable state induced by neuro-Behcet's disease, provoking a venous thrombosis associated hemorrhage. Another alternative could be an infarct that subsequently had a hemorrhagic transformation. Especially with the cerebral angiogram being negative for vasculitis, the etiology of the cerebellar bleed being due to a vasculitis is questionable. A more reasonable proposition is an association between the cerebellar hemorrhage and behcet's disease of an uncertain nature at this time.

Reply: We agree with the reviewer and we have added a final paragraph as follows:

“We suggest that, in our patient, the intracerebellar hemorrhage was attributable to similar venous changes, although we cannot exclude other possible causes such as venous thrombosis-associated hemorrhage, an infarct that subsequently underwent hemorrhagic transformation, or neuro-BD of uncertain etiology.”

Minor issues with the article includes appropriate use of certain words to describe anatomy (e.g., telencephalon is used, which is more used in the literature regarding development as opposed to localizing imaging findings; varix also is an antiquated term).

Reply: The sentence ‘the telencephalon of five patients (8%)’ is a verbatim quote from reference 1. We thus cannot change the word “telencephalon”. We are sorry for that.

It would be helpful to discuss the duration/dose of the methylprednisolone given to inform other neurologist how this patient was treated.
Reply: We have added details of the methylprednisolone treatment:

“We prescribed a pulse of methylprednisolone (1 g per day for 5 days).”