Author's response to reviews

Title: GABA-B Limbic Encephalitis and Asystolic Cardiac Arrest: A case report

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Author's response to reviews:
Reviewer #1:
Thank you for your helpful critique, in answer to your points raised:
- echocardiography showed only mild atrial dilatation with no other abnormalities present, and metoprolol was the only anti-arrhythmic agent used.
- There were no signs of pulmonary embolus on echocardiography or ECG, however unfortunately there was no D-dimer or chest CT with pulmonary angiography performed at the time, likely because the diagnosis of cancer had not been made at this early stage.
- We have attempted to provide a more thorough evaluation of possible cardiac causes, both in the case history and in the discussion.

Reviewer #2:
Thank you for your comments and questions you raised. In response to your points:
- there was no evidence of direct chest trauma to suggest a commotio cordis
- echocardiogram showed mild left atrial dilation but was otherwise normal. Troponins were not elevated.
- Unfortunately we haven't been able to obtain any of the ECGs from that initial admission, as it occurred at a different hospital.
- There is a possible involvement of the autonomic nervous system, and we have attempted to delve into this connection further in our discussion. We particularly look at the model of anti-
NMDA receptor encephalitis which has cardiac arrhythmias as a not uncommon complication. It is likely that vagal reflexes are disrupted, and given the similar anatomic and pathogenic processes involved, we propose that this mechanism (or similar) may be implicated in our patient also.

We believe that performing antibody testing in every patient with recurrent seizures is impractical and not cost-effective, however if the symptoms are progressive, refractory, and have other uncommon symptomatology (e.g. back pain, dysarthria, arrhythmias) as in our patient, then yes we believe antibody screening is warranted.

I have attached two copies of the manuscript - one with the tracked changes we have made, and the other as the final manuscript.