Author’s response to reviews

Title: Bilateral Spontaneous Lateral Intrasphenoidal and Transethmoidal Meningoceles: A rare presentation of Idiopathic Intracranial Hypertension

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Author’s response to reviews:

Author (FA) replies to reviewers’ comments:

Reviewer #1:

9. Additional comments for the author(s)?

This is an interesting case and probably worthy of publication. Several additions would be useful:

- The authors should include the opening pressure upon insertion of the lumbar drain at the time of surgery. While the pressure was likely decreased because of the rhinorrhea, it would still be interesting to know.

FA: Opening pressure upon insertion of the lumbar drain at the time of surgery was added into the manuscript
- The authors should include the postoperative imaging mirroring the preoperative one.

  FA: postoperative MRI imaging was included to the manuscript

- A longer-term follow-up (symptoms and imaging) would be interesting in this patient with increased CSF pressures.

  FA: follow up (symptoms and CT imaging) added.

Reviewer #2:

1. Do you believe the case report is authentic?

   Yes

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.

Comments:

Patient consent is not mentioned in text. According to the editorial policy of this journal, consent is required.

FA: The patient material submitted for publication does not have any identifiers; therefore the patient consent for this manuscript publication and any accompanying images is not required.

3. Does the Introduction explain the relevance of the case to the medical literature?
No.

FA: We consider that our case report introduction explained the relevance of the case to the medical literature which was also confirmed by the first reviewer.

4. Does the article report the following information? Where information is missing, please specify.

a. The relevant patient information, including:
   - De-identified demographic information (age, gender, ethnicity)
   - Main symptoms of the patient
   - Medical, family and psychosocial history
   - Relevant past interventions and their outcomes

b. The relevant physical examination findings

c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.

d. Diagnostic assessments, including:
   - Diagnostic methods
   - Challenges (e.g., financial, language/cultural)
   - Reasoning and prognostic characteristics (e.g., staging), where applicable

e. Types and mechanism of intervention

f. A summary of the clinical course of all follow-up visits
Comments:

There is a lack of ethnicity. Although the relevance for this case is not so clear in the literature since it is rare, I understand that in any clinical case publication it is necessary to mention ethnicity to support future studies.

FA: patient ethnicity was added to the manuscript. We did not added patient ethnicity on our initial submitted manuscript since ethnicity is included in a patient information that can be identified (see question 4 in reviewers' letter - de-identified demographic information). The patient information, except ethnicity, in our manuscript in de-identified.

About the clinical history, the author summarizes a lot and does not give details of the evolution of the symptoms. He also mentions meningitis but leaves doubt if the diagnosis was correct. Does not mention classic symptoms of intracranial hypertension, before and after the rhinorrhea that are relevant in this case.

FA: Patient clinical history was updated.

MRI images for diagnosis are clear but there is a lack of CT images showing bony defects in the left lateral sphenoid sinus and right anterior cribriform plate.

FA: CT images showing bony defects in the left lateral sphenoid sinus and right anterior cribriform plate added to the manuscript.

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?

Comments:

Once he mentioned that meningoceles are rare presentation of Idiopathic Intracranial Hypertension, there is doubt if the etiology of the condition has been properly investigated.
We consider that the etiology of the condition was properly investigated.

The author performed a lumbar puncture but did not mentioned the elevated lumbar puncture pressure, the main criterion. He preferred to have support of radiological criteria that are less sensitive and less specific.

The lumbar puncture pressure was added to the manuscript

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Yes

7. Is the Abstract representative of the case presented?

Comments:

Yes

8. Does the case represent a useful contribution to the medical literature?

Comments:

The literature provides support for the formation of meningoceles in patients with defects in the floor of the skull base, however, the finding of more than one constitute original medical condition which is aligned with the purpose of this publication

9. Additional comments for the author(s)?

I believe that the suggestions for changes have already been mentioned. I highly recommend giving more importance to the medical history and diagnosis.

FA: please see above my previous answers.