Author’s response to reviews

Title: The Oral Manifestations of Syphilitic Disease: A Case Report

Authors:

Kaitlyn Streight (kaitlyn.streight@bcm.edu)
Ronald Paranal (Ronald.Paranal@bcm.edu)
Daniel Musher (Daniel.Musher@va.gov)

Version: 2 Date: 16 Jun 2019

Author's response to reviews:

Thank you for your time and consideration of our manuscript entitled “The Oral Manifestations of Syphilitic Disease: A Case Report”. I have submitted a second revision of the manuscript to Journal of Medical Case Reports and have provided responses to the editor and reviewers’ individual comments below. I have also tracked all changes on the revised manuscript.

1. Editor: In addition to comments by reviewers, the discussion appears somewhat standalone and would benefit from more intertwining.
   -The discussion section of the revised manuscript includes more intertwining by relating the stages and manifestations of syphilis to our case.

2. Editor: There are more cases of primary chancre in oral cavity (hard palate) hence it is recommended to exclude the claim of second case with chancre on hard palate.
   -The authors have omitted these statements in the revised manuscript and instead claim that there have only been a few cases reported in the literature.

   -Thank you for providing us with this source. This source has been cited in the revised manuscript.
4. Editor: Include any reason for oral lesion- any risk behavior noted w.r.t oral lesions?
-Risk factors associated with oral lesions include oral-genital sex, oral-anal sex, and kissing. This information has been included in the revised manuscript.

5. Editor: "To our knowledge, this report is one of the first to describe a case of oral syphilis causing marked lymphadenopathy of the submental region mimicking Hodgkin’s lymphoma." Appears as an abrupt conclusion. Either provide more details or consider omitting it.
-The authors agree that this is an abrupt statement and have omitted it from the revised manuscript to maintain the focus of the report on the primary lesion of the hard palate.

6. Reviewer #2: Line 39: I would change This is one…with This is a report of a primary syphilitic lesion…., with only a very few cases described previously (3,5).
-Thank you for the suggestion, this change has been made in the revised manuscript.

7. Reviewer #2: Line 27: I would add also temperature value.
-The patient presented with subjective fevers, stating that he felt warm, but was afebrile on presentation. The revised manuscript indicates that these were subjective fevers.

8. Reviewer #3: Authors highlight the fact having marked submental lymphadenopathy is a key feature to pay attention to. But description says that there is lymphadenopathy starting from submental to mid cervical, so predominant involvement seems to be in submandibular and upper cervical regions. Hard palate will not be drained to submental region. Submental region receives from tip of the tongue and lymph nodes. But in secondary disease patients can have generalised lymphadenopathy. None of them are discussed in this case. Authors could have included CT films for clarification.
-The revised manuscript places less of a focus on the regional lymphadenopathy to maintain the focus of this case as a rare report of a primary syphilitic lesion on the hard palate.
9. Reviewer #3: Also authors do not discuss the painful genital lesions that were there. This is an important aspect to pay attention to in a patient with STI.

-The patient had a self-reported history of genital HSV infection and described a burning/tingling prodromal pain followed by an eruption of a cluster of painful “blisters” on an erythematous base a few days later. We attributed these genital lesions to his HSV infection, and there were no genital lesions on physical exam at presentation. The authors have included more information regarding the patient’s reported history of genital HSV infection in the revised manuscript to avoid confusion regarding the etiology of these prior lesions.