Author’s response to reviews

Title: Myocarditis as a Lupus challenge: two case reports

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Version: 2 Date: 21 Aug 2019

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1- Additional revisions are needed.

Add a paragraph at the end of the Introduction that explains why this case report is presented (what is unique and adds to the medical knowledge)

Answer: Added stated as (MMF was the cornerstone of the proposed treatment for induction of remission, although it is well known to be used as a maintenance therapy in lupus myocarditis)

2- The case report should include OBG, social, environmental, family and employment history.

What medications was the patient on prior to diagnosis? Did the patient smoke, and/or consume alcohol? Give detailed neurological examination on admission.?

Answer: stated as (Irrelevant social and family history, and about neurological examination: stated earlier in each case that other-examinations were unremarkable (including neurological), case1: known Hypertensive, hypothyroidism and asthma and she is on treatment for that and no prior lupus treatment as both cases were workup for lupus, case 2 previously healthy)

3- All abbreviations need to be explained on the first time they are used. (Done)

4- Were any radiographic and other scans done? Show a representative X ray and scans.

Stated in both cases in the investigation section

5- Give information about follow-up for at least 6 months.
stated in the management section as (Dramatic response has been noted in the first few weeks in terms of symptoms. The ejection fraction improved to 60% in patient presented in case1, while remained the same in case2 after repeating the ECHO within a year.)

6-Discussion – add a paragraph at the beginning of the Discussion that summarizes the case and describes what is unique in this case compared to what is available in the literature.

I added (We have highlighted two cases diagnosed with lupus myocarditis with clinical improvement after starting immunosuppression. To our knowledge the present study is one of few studies to demonstrate the importance of MMF in particular for remission induction.) followed by the studies described earlier