Author’s response to reviews

Title: A case of delayed neurological manifestation following Carbon Monoxide poisoning in Sri Lanka: Epidemiology of exposure and literature review

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Editor Comments:

Please read the following information and revise your manuscript as a reviewer's comments. I have some comments:

- it would be interesting for the authors to add the results of laboratory analysis into tables.
- the conclusion session is separate from the discussion.
- The background section could be improved.
- The authors should review the references and add more current studies.

Answer:
We have included a table with laboratory data (attached separately as a table) and expanded the background section (page 4 line 79-82, page 5 line 83-85). During literature review we found that newer studies regarding this topic are limited. However two more latest publications were cited and included in the references (page 13 line 267-27), (page 19 line 388-393)
Reviewer reports:

Nasim Zamani (Reviewer 1): Dear Authors:

Thanks you for the interesting case presented. I have two major questions and think they need to be answered before we proceed:

1- Delayed psychological and neurological sequelae is a well-known phenomenon well described since 1986. What is the novelty of this case?
   Answer: We have revised the manuscript to highlight the importance of this cases and described how difficult to diagnose DNS when a patient present in an obscure clinical picture. That is the novelty of the case. (page 4 line 79-82, page 5 line 83-85).

2- As I understood, you have not even diagnosed CO poisoning till some days later when other patients came. How can you say the patient was completely OK on discharge when you have no Brain CT, MRI, EEG or MME from him when discharged?
   Answer: As we have clearly described in the text, the patients’ management involved two hospitals. First contact hospital missed the diagnosis and all exposure cases were sent home giving supportive care. (page 10 line 200-203). When analyzing retrospectively we found that during 1st few weeks after exposure patient has done his job as a technical officer without a significant problem, meaning that he was not having a significant neurological impairment on or after discharge from local hospital. We at the Teaching Hospital, Peradeniya (THP) received the patient who developed DNS as an obscure neurological problem where diagnosis made going through detailed history where he presented to first contact hospital many weeks ago. Then all exposed patients who were at home were summoned and did MRI and followed for one year for detection of late DNS.

Marcelo Arbo, Ph.D. (Reviewer 2): This manuscripts describe a case of CO poisoning in Sri Lanka. The manuscript is well written, however I suggest to authors to take care of upper case letters unnecessary such as in line 26 "Patients", line 70, line 94 "Oxygen", line 154, line 223, line 250. Line 111 - Correct magnesium
Line 127- He has also experienced
Line 155 - parenthesis
How was the CO value in the blood of the patients? This is essential to determine the poisoning by CO.

Answer
Revised and corrected. As patient presented to the THP in DNS many weeks later, we did not do CO levels in the blood as it is too late.