

Editorial Office

World Journal of Clinical Cases

8/August/2023

Dear Editor,

Thank you for your decision letter and advice on our manuscript entitled “Variant of Guillain-Barré syndrome with anti-sulfatide antibody positivity and spinal cord involvement: a case report” (Manuscript ID: 86216). We also thank the reviewers for their constructive comments and suggestions. We have revised the manuscript accordingly, and tracked changes in the revised manuscript to display all amendments. In addition, our point-by-point responses to the comments are listed below in this letter.

We hope our revised manuscript is now acceptable for publication in your journal, and we look forward to hearing from you soon.

Yours sincerely,

LiuH

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors:

Intro: very long. Can be significantly shortened The purpose of the case report may be explained

Reply: Thank you for your valuable comment. We have extensively revised the Introduction section as suggested.

In the 1st paragraph, GBS's etiology and clinical characteristics were introduced. In the 2nd paragraph, the background information on anti-sulfatide antibodies and their association with GBS was provided. In the 3rd paragraph, we emphasized the purpose of the case report: “The purpose of this case report was to present the co-occurrence of anti-sulfatide antibody positivity with spinal cord involvement in patients with GBS. Specifically, we described a patient who presented with signs and symptoms of spinal cord pathology and was ultimately diagnosed with anti-sulfatide antibody-positive GBS. This clinical finding is relatively rare, and the case demonstrates the resolution of symptoms after treatment.”

Case report: Very long. Only the relevant information may be clearly explained

Reply: Thank you for your thoughtful suggestion. We have carefully reviewed the Case presentation section and removed some irrelevant information to ensure clarity and conciseness. However, we retained most relevant details to provide comprehensive information about this case.

Discussion: Very long and not focused. May focus directly on the most relevant details of the literature and the important relevance to the current case Can be presented under subheadings for easier understanding Conclusion may be clearly explained

Reply: Thank you for your insightful suggestion.

We have revised the Discussion section by condensing and reorganizing the content to enhance its focus and clarity. The following subheadings have been added: Differences between GBS and autoimmune demyelinating diseases; Unique features of anti-sulfatide antibody-positive GBS with spinal cord involvement; Treatment Approaches for GBS.

We have revised the Conclusion paragraph as follows: “Our report of this unique patient, along with a thorough literature review, highlights the importance of conducting electromyography, analyzing spinal antibodies, and carefully assessing clinical symptoms when encountering atypical presentations of GBS involving spinal cord manifestations, to minimize the risk of misdiagnosis. This case report provides a reference for the clinical diagnosis of GBS and its variants. Further studies involving more patients with this GBS variant will contribute to a better understanding of the clinical characteristics of anti-sulfatide antibody-positive GBS and offer valuable insights for diagnosing and treating this syndrome.”

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Thank you for the opportunity to review this article. Personally, I had experience managing a patient with GBS positive for anti-sulfatide managed in a similar fashion. I do believe it has importance in literature with case identification and describing its features. However, while the grammar is acceptable, there are multiple errors in the use of scientific terms and statements which made the paper difficult to read. A number of

corrections will need to be made before it can be considered for publication as the manuscript lacks clarity. A few examples are provided below:

Shock therapy = did you mean pulse therapy?

Reply: Yes, we meant pulse therapy. We have corrected it throughout the manuscript.

Line 35 = diminished tendon reflexes, hypotonia, abdominal distention, and constipation and urinary retention due to autonomic nerve damage.

Reply: This sentence has been revised as follows: "... weak tendon reflexes, low muscle tone, and abdominal distention, constipation and urinary retention caused by autonomic nerve damage."

Line 93 = rotation of vision?

Reply: We have replaced it with "visual hallucination"

Line 107 = McKay's point?? Did you mean mcburneys?

Reply: Yes, we meant McBurney's point. This sentence has been revised as follows: "No pressure tenderness or rebound pain was observed at McBurney's point."

Turbid sound? Turbid usually used in the context of liquids Tone is described as reduced. Not low

Reply: Thank you for pointing this out. This sentence has been revised as follows: "There was no shifting dullness to percussion, but slightly reduced bowel sounds were noted (2–3/min)."

What is Bartholomew sign? Did you mean plantar or Babinski?

Reply: We apologize for the typo. We meant Babinski sign. It has been corrected in the revised manuscript.

Cervical medulla? What is that? Did you mean cervicomedullary junction or cervical cord and medulla separately? They are two different structures.

Reply: Here, we meant that cervical spine MRI revealed high signal intensity in the cervical spinal cord, suggesting inflammatory changes. We have revised this sentence accordingly.

Line 148 = induction of paralysis?? Was patient intubated and sedated?

Reply: We apologize for the typo. This phrase has been removed from the text.

It would be more appropriate to include terms like cytoalbuminologic dissociation to describe the csf findings if cell counts were low instead of spelling out the whole findings.

Reply: Thank you for your thoughtful suggestion. We have rephrased this section as follows: “A lumbar puncture indicated an elevated cerebrospinal fluid (CSF) pressure of 116 mmH₂O and the presence of cytoalbuminologic dissociation.”

Markers sent for demyelinating diseases like oligoclonal bands/aquaporin 4/anti MOG should be stated instead of just stating negative for demyelinating disease.

Reply: Thank you for your thoughtful suggestion. We have revised this sentence as follows: “The markers for central nervous system (CNS) demyelinating diseases, including oligoclonal bands, aquaporin 4, and anti-MOG antibodies, all tested negative.

Investigations should be summarized and an effort should be made to spell out important tests.

Reply: Thank you for your valuable suggestion. We apologize for the oversight. In response to your comment, we have revised the Case presentation section to provide a concise summary of the investigations performed and spelled out important tests in the revised version.