

Author's response to reviews

Title: Encephalomeningocele cases reviewed over 10 years in Thailand: a case series report

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Dear sir,

Thank you for your communication. Now I have already provided the point-by-point response to the comments of the reviewers as follows:

Corrections

Dr. Judith Hall's comments

1. Data on diet and maternal folic acid intake

> We do not have any data on maternal folic acid intake or level because several previous studies have shown that the underlying mechanisms of encephalocele are likely to be different from spina bifida. As a result, previously, serum folic acid levels were not checked in the mothers who gave birth to newborns with this congenital defect. However, it is still possible that folic acid deficiency might contribute to encephalocele but probably with different mechanisms from spina bifida due to differences in underlying genetic defects. Furthermore, we have suggested in the conclusion section that maternal folic acid status should be investigated.

Summary of changes

1. Background section, paragraph 2, line 17-20
2. Conclusion section, line 16-21

Dr. Zhu Li's comments

1. Bias in survival rate

> I have to point out that we included only encephalomeningocele cases which usually survive, not anencephaly or other fatal forms of neural tube defects. Thus, we can assume that all cases survived.

2. Bias in admission rate to the hospital for surgery

> As already added in the second paragraph of material and method section, we can assume that most patients at that period of time (1990-1999) came to our hospital due to the offer for free operation to the poor. This scheme significantly ameliorated the main obstacle, financial problem, which usually prevents patients from coming to the hospital for surgery.

3. Bias in hospital selection

> We have added some more explanation on this topic in the second paragraph of the material and method section. At that time, the neurosurgery department in our hospital was the biggest and most well-known center. With the scheme of free operation, it attracted many patients from

every part of the country (as shown in Table 4) either by the patients' own intention or referral from smaller hospitals. Then, again, we can assume that most cases of encephalomeningocele were admitted to our hospital for surgery in that period. Moreover, as stated in the first paragraph of the material and method section, admission records were reviewed normally include birth records. It is not likely that some cases born in our hospital were missing. Normally, if there are newborns with encephalomeningocele, they will be referred to the neurosurgery department and their records will be kept. Furthermore, we did not focus on the incidence rate of this anomaly since it has already been reported.

We agree that case control study is better in providing clues of etiology and we also suggest in the conclusion section that this kind of study should be done in the future.

Due to some limitations of this study, for example, low number of cases; we agree that we can only suggest the case characteristics. However, our findings are still useful by confirming that genetic defect is not likely the main pathogenetic factor. Moreover, although we could not show any possible causes of encephalomeningocele, our findings suggest that the exact cause will not be easy to find and may involve more factors than expected.

Summary of changes

1. Materials and methods section, paragraph 1, line 9-12
2. Materials and methods section, paragraph 2, line 5-9
3. Discussion section, paragraph 1, line 13-22
4. Discussion section, paragraph 6, line 16-17
5. Discussion section, paragraph 7, line 7-9
6. Conclusion section, line 12-19

I have already indicated the details about which is change (also in which line and which paragraph). I have already resubmitted the revised version of the manuscript again as your suggestion. Thank you sir.

Sincerely yours