

Intraoperative diagnosis of autonomic neuropathy in a case of Charcot–Marie–Tooth disease undergoing laparoscopic cholecystectomy: A case report.

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Technical review

Round 1

Reviewer's information			
Date review assigned	17-Mar-24	Date review completed	30-Mar-24
Reviewer name	Narayan Chandra Saha	Do you have any conflict of interest with the author/s?	No
ORCID	0000-0003-3779-2788	Do you wish to be disclosed to the author?	Yes
Reviewer's comments (30-Mar-24)	Score	Author's response (9-Apr-24) [Please write a response to each point. You must change the manuscript as per your response. Mention line numbers.]	
How would you rate the originality and depth of the manuscript?	4	We described the event on our own to ensure its originality. We also described our best to reflect the depth of the case.	
Is the manuscript written in a scholarly manner?	3	We revised the text in a scholarly manner.	
Does the manuscript have the potential to make a valuable contribution to the world of knowledge?	7	-	
Does the manuscript meet ethical standards?	5	We have given the ethical statement as below – “Ethical approval was not sought because this is a case report. However, informed written consent was obtained from the patient for preparation of this manuscript and publishing her pictures.”	
1. Description of case is incomplete: description of case is incomplete to give a Dx of CMT because features overlap with myopathy.		1. We tried to add all available information to give a diagnosis of CMT. We had an investigation report suggesting CMT and other data was missing. (Line number 93-98).	
2. 1st step is to differentiate it from myopathy, 2nd step to establish as neuropathy, 3rd is to establish as hereditary neuropathy, finally to confirm by genetic study, if not possible probable CMT while excluding other types of hereditary neuropathy.		2. Described as advised. Note that patient's NCS and EMG report shows symmetrical motor sensory axonal polyneuropathy. (Line number 93-98).	
3. In NCS study which type of CMT, axonal /demyelinating type?		3. NCS shows axonal type and revised the text. (Line number 95-96).	
4. How Dx of CMT was ascertained?		4. The diagnosis of CMT determined as follows and described in text - Clinical feature, Nerve conduction study (NCS) and electromyography (EMG) (Line number 93-98).	
5. What was the preoperative assessment about autonomic neuropathy?		5. Patient had no evident feature of autonomic neuropathy during preanaesthetic visit. Added in the text (Line number 90-91).	
6. Photograph of Patient? will give many features.		6. Given photo in page no. 10.	
7. What kind of reconstructive surgery was done prior to Laparoscopic cholecystectomy, what was the autonomic status during that anesthesia /surgery period?		7. According to the patient's statement she had ankle (left) reconstruction surgery, but she couldn't show us any document about the procedure. The surgery was a failure. Her primary disease was not diagnosed at that time. (Line number 84-85).	

Reviewer's information	
8. How autonomic failure was confirmed during this operation as postural hypotension during operation may have multiple underlying causes other than autonomic failure, how that was established?	8. Following induction of anaesthesia, mild hypotension is anticipated as propofol causes peripheral vasodilation. But in our case, there was severe hypotension which was unusual. Sometimes pneumoperitoneum causes hypotension when excessive pressure is used. But we checked the monitor, and the insufflation pressure was within the acceptable limit. Furthermore, during CO ₂ insufflation. If excessive pressure is used the initial sign will be bradycardia followed by hypotension. But the patient remains tachycardic throughout the operation. There were no other precipitating factors that may be responsible for severe hypotension in this case. That's why our suspicion is this patient may have autonomic neuropathy. Because response to anaesthetic agents as well as vasopressors is very much unpredictable in patients with autonomic neuropathy. (Line number 121-128).
9. Preoperative counseling about autonomic failure during operation	9. As it was not ascertained that patient may have autonomic neuropathy, preoperative counseling was not done.
Reviewer's Recommendation	Revisions Required

Round 2

Reviewer's information			
Date review assigned	9-Apr-24	Date review completed	15-Apr-24
Reviewer name	Narayan Chandra Saha	Do you have any conflict of interest with the author/s?	No
ORCID	0000-0003-3779-2788	Do you wish to be disclosed to the author?	Yes
Reviewer's comments (16-Apr-24)		Author's response (23-Apr-24) [Please write a response to each point. You must change the manuscript as per your response. Mention line numbers.]	
1. Line 94. Add the following - based on clinical presentation & electrophysiological studies this case is consistent with peripheral neuropathy most likely hmsn-cmt type, based on the early age of onset & high occurrence of cmt in this age group compared to other subtypes. It would have been better to confirm this case with Wes, which was not done because of the high cost & non-availability of this test in our country.		1. Added (Line no. 71-75)	
2. Omit radiological		2. Omitted	
Reviewer's Recommendation	Revisions Required		

Responsible Editor's comments (16-Apr-24)		Author's response (23-Apr-24)	
Name	M Mostafa Zaman	[Please write a response to each point. You must change the manuscript as per your response. Mention line numbers.]	
ORCID	0000-0002-1736-1342		
1. No abstract is needed (we changed our policy). In exchange add one bullet point so that the learning points cover the abstract contents.		1. Abstract omitted and one bullet point is added to the learning points. (Line no.28).	
2. Case description with case management and rename the section as "Case description and management.		2. Renamed as Case description and management. (Line no. 59).	

<p>3. Reduce word count without losing the meaning of the contents already there. You may take the help of a person conversant in research writing.</p> <p>4. Submit a "signed informed consent" of the patient.</p>	<p>3. Word count is reduced to 873. (Line no. 24) And I tried to rewrite the manuscript in a scholarly manner without changing the meaning.</p> <p>4. Submitted as a separate PDF file of consent paper.</p>
Editor's Decision	Minor Revision

Final decision of the Executive Editor (25-Apr-24)	ACCEPT
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