



SDI Review Form 1.6

Journal Name:	<a href="#">International Neuropsychiatric Disease Journal</a>
Manuscript Number:	Ms_INDJ_44318
Title of the Manuscript:	EVALUATION OF BLINK REFLEX IN EARLY DIAGNOSIS OF CRANIAL NERVE NEUROPATHY IN GUILLAIN BARRE SYNDROME
Type of the Article	Diagnostic, electodiagnosis

**General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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**PART 1: Review Comments**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Compulsory</b> REVISION comments	<p>"As is," the paper has too many editorial and technical problems. It could be used as a Brief Communication with the following changes should the authors feel to make them</p> <p>1. The emphasis should be made on the fact that the purpose of the report is that the blink reflex may help in the diagnosis of early Guillain Barré syndrome (GBS) during the early course of the disease when the diagnosis is needed to start treatment and when conventional EDX is not conclusive. In this regard, nerve conduction studies are not more prominent during the initial weeks of the disease as stated on line 21. In my experience and the experience of others the nerve conduction study abnormalities in early course of the GBS are sometimes confined to absent or prolonged F waves of H reflex latency (Oh SH. Clinical Electromyography Case Studies.1998 Lippincott Williams &amp;Wilkins. Philadelphia p. 23).</p> <p>In GBS the abnormality of blink reflex is well correlated with the slowing of motor nerve conduction studies in the extremities; and sometimes the slowness of the nerve conduction of the blink reflex is out of proportion to relatively mild slowing elsewhere. Marked R1 latency prolongation can aid in the diagnosis of GBS (Kimura J, Neurology 1971; 21:745-752).</p> <p>(Once the clinical picture becomes clear and EDX and other test point to a definite diagnosis—whatever that is—the blink reflex test is unnecessary)</p> <p>2. On line 33 omit "1<sup>st</sup>"; there are earliest Kimura's publications attesting the diagnostic benefits of prolonged R1 latencies of the blink reflex In the diagnosis of Guillain Barré syndrome (Kimura J, Neurology 1971; 21:745-752).</p> <p>3. There is no need to capitalize words in the middle of sentence (Blink Reflex in Abstract; Syndrome in Abstract, and early Demyelination on line 108).</p> <p>4. Be consistent in the spelling: The word demyelination is used in another place as de-myelination. Polyradiculoneuropathy (Line 14) and poly-radiculopathy (Line 147)</p> <p>5. On 23: Does the authors mean "compound muscle action potential"? (CMAP) which is a motor potential, or compound nerve action potential? (CNAP) which is a mixed motor-sensory potential? At any rate, whatever they meant, there is no need to use an abbreviation that is not going to be used again.</p> <p>6. When a medical abbreviation is used after the complete name, the medical abbreviation should be used thereafter (CV, DML). And there are times in the paper when the medical abbreviations is used in isolation (SNAP on line 114)</p> <p>7. Correct many other editorial problems (Lines 14, 16, 93, many others; and repetitions. Ethic Committee issues described in line 44 have been covered elsewhere (Line 159). Lines 47-49 have confused statements.</p>	<p>1. There are two studies (quoted in this paper too as reference no. 2 &amp; 3 (2.Gordon PH, Wilbourn AJ. Early electrodiagnostic findings in Guillain Barre syndrome. Arch Neurol. 2001; 58: 913-917 and 3.Sharma G, Sood S, Sharma S. Early Electrodiagnostic findings of Guillain Barre Syndrome. J. Neurol Neurophysiol. 2013; 4(1):1-3, (of the author herself) which clearly state that in the initial week of illness, electro-diagnositc studies are very useful in the diagnosis of Guillain Barre Syndrome (GBS). Electro-diagnostic tests along with the Blink Reflex are also useful in the early diagnosis of cranial nerve involvement in GBS. I do not doubt the experience of the learned reviewer, when he states that the nerve conduction study abnormalities in early course of the GBS are sometimes confined to absent or prolonged F waves of H reflex latency. Even we have reported absent F wave in the present paper in this context.</p> <p>Further, the reviewer has quoted the study of J. Kimura and commented that blink reflex is unnecessary as the clinical picture becomes clearer and the other tests point to diagnosis. I would like to comment that the nerve conduction studies in this study have been performed in both upper &amp; lower limbs i.e. peripheral nerves (median, ulnar, tibial &amp; peroneal). The slowing of conduction velocity of these are obvious in the results as is absent F wave. However, for cranial nerve involvement, the blink reflex has been done mainly for facial &amp; trigeminal nerves. So, I do not agree that blink reflex is unnecessary in this study. The same electrodes used for nerve conduction studies have been used for the blink reflex too in a single sitting.</p> <p>2. The word " 1<sup>st</sup>" has been omitted as suggested from line 33.</p> <p>3. Changes done as suggested</p> <p>4. Correction done in spelling in line 14</p> <p>5. Full form of CNAP i.e. compound nerve action potentials corrected in place if CNAPs</p> <p>6. Abbreviation SNAP placed in brackets after the full form as suggested</p> <p>7. Lines 16 &amp; 93 have been corrected grammatically. I do not understand the editorial problem with line 14. College name omitted from line 44. Line 47-49 are a part of material and methods; appropriate corrections done</p> <p>8. The reviewer has stated that superfluous information has been given in the paper but not specified where. The technical significance of blink reflex has been mentioned already in lines 29-32</p> <p>9. There were 5 patients and 5 controls (healthy patients) included in this study. So the total number was 10 (5 case and 5 controls).</p> <p>10. We have reported that electrophysiological hallmarks of early demyelination include prolonged distal latencies, prolonged or absent</p>



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	<p>8. The authors must say what they want to say, and say no more. There is superfluous information that can be omitted because every one knows that; for example, the technical performance of the blink reflex should be summarized.</p> <p>9. There are only 5 patients; there is no need to dividing the 5 patients into 2 groups.</p> <p>10. The authors do not mention temporal dispersion of the compound muscle action potential as an electrodiagnostic sign of demyelination. I do not doubt the diagnosis of GBS in their patients; but I wonder whether the decreased amplitude of compound muscle action potentials they described is not due to temporal dispersion of the compound muscle action potential; in which case they should evaluate and report the AREA size within the compound muscle action potential. Temporal dispersion is the hallmark finding of the morphology of compound muscle action potentials in demyelination.</p>	<p>F wave latencies mainly in the lower limbs, slow motor conduction velocities/conduction block with absent F wave. All these findings suggest demyelination. That is why temporal dispersion wasn't done in this study.</p>
<b>Minor</b> REVISION comments	Please see above	
<b>Optional/General</b> comments	Please see above	

**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	