

Dear reviewer:

Thanks for your practical suggestions. We read the two papers you provided. First, the Rudler's paper did excellent analysis of the differential diagnosis in abnormal movements of hepatic encephalopathy patients. We used the method to read our patient's EEG again and rewrite the first part of discussion, focused on the "diagnosis" of non-convulsive status epilepticus (p.10 in the revised file). Second, you told us to use the MRI finding to support the diagnosis. But our patient didn't receive brain MRI during this admission. Because he got good recovery and didn't have neurological sequela. We will arrange brain MRI few months after follow up. After few months discussion, we found that we made a mistake in the initial GCS (E4V3M1). We watched the video again and again and found that his eyes open was unresponsive. Which caused by increase soft tissue pressure that he cannot close her eyes. So we changed the GCS score to E1V3M1. We marked all the revision by the yellow color. Thank you again for the nice suggestion. You help us to make the paper better.

Sincerely, Dr. Sheng-Ta Tsai    email: d27056@mail.cmuh.org.tw