

Detailed Response to Reviewer

Dear Editor:

Thank you very much for your letter and advice. We have revised the paper carefully according to the reviewer's comments and highlighted the amendments in red. We would like to resubmit the revised manuscript for your reconsideration.

Reviewer reports: The manuscript is well written and presents an interesting case; however, in its current form, need amendments to address in its different sections.

Comments

1. Introduction:

Please mention what the challenges in the diagnosis and treatment of this clinical entity are.

A: We have added the challenges in Introduction.

2. Case Report:

Use a line graph to represent the improvement on some laboratory test and clinical scores, combine visual graphs with numerical data to facilitate understanding of evolution to the readers.

A: Instead of previous Table 1, we added a line graph in Figure 5.

3. Discussion:

The performance of MRI is mandatory for the diagnosis of long segmental myelitis and the follow up. Explain to the readers why the patients did not undergo a 2nd and 3rd MRI. It has been evinced in the literature the usefulness of follow up to document an improvement of spinal cord injury in animal models (include reference) at 1, 4 and 8 weeks. **Delayed injection of polypyrrole doped with iodine particle suspension after spinal cord injury in rats improves functional recovery and decreased tissue damage evaluated by 3.0 Tesla in vivo magnetic resonance imaging. Spine J. 2017 Apr;17(4):562–73.

A: There are two main reasons why the patient did not have MRI examination again: 1. The clinical symptoms of the patient gradually improved without sudden aggravation; 2. Considering the high cost of re-examination, the patient refused to re-examine MRI in a short time.

MRI also allows a quantitative assessment of spine recovery (include reference below), why your department did not use this useful application if the patient got MRI at baseline? Feasibility of in vivo quantitative magnetic resonance imaging with diffusion-weighted imaging, T2-weighted relaxometry, and diffusion tensor imaging in a clinical 3-tesla magnetic resonance scanner for the acute traumatic spinal cord injury of rats: technical note. Spine. 2013 Sep 15;38(20):E1242–9.

A: At the first MRI examination, the patient asked for a routine examination because of the additional cost of quantitative MRI.

What is the policy in the hospital and country about the use of MRI assessment compared with the international literature?

A: Compared with the international literature, our country and hospital have more strict management of inpatient MRI examination. When the patient's condition changes, the MRI can be checked again.

Why did the patient not underwent brain MRI to evaluate optic nerves enhancement?

A: The patient did not show any symptoms of optic nerve injury. In the first MRI examination, there was no abnormal signal in occipital lobe and brain stem, so no further optic nerve enhancement was performed.

Mention in the 1st paragraph of this section, what is the clinical relevance of this report compared with previous cases in the literature.

A: We added the clinical relevance of this report in the 1st paragraph of Discussion.