

Dear Editor,

We'd like to thank the reviewers for their careful readings and valuable comments concerning our manuscript entitled "Hypereosinophilia with cerebral venous sinus thrombosis and intracerebral hemorrhage: a case report" (Manuscript NO: 68257). We believe the constructive feedback will improve the manuscript and increase its potential impact to the community. We read the comments carefully and made revision according to the comments. Revised portion are marked in red in the manuscript. The main corrections in the manuscript and the responds to the reviewer's comments are as followed:

Responds to the reviewer's comments:

Reviewer #1:

1. Response to comment: Perhaps, the author can elaborate on the relationship of hypereosinophilia to the patient's diarrhea/colitis.

Response: We have elaborated on the relationship of hypereosinophilia to the patient's colitis. Peripheral blood eosinophilia can occur in patients with inflammatory bowel disease, and peripheral blood eosinophilia may be a biomarker of disease severity. Eosinophilic colitis (EC) should be suspected in any patient with intestinal symptoms with peripheral blood eosinophilia, but EC is a rare condition. When accompanied by peripheral blood HE, colitis can occur as an isolated gastrointestinal disorder or as part of HES. Our patient's colitis may be a part of HES.

Reviewer #2:

1. **Response to comment:**In conclusion, the author stated "We conclude that HE can cause CVST, and a high eosinophil count is an initial diagnostic clue of this condition." However, the author didn't provide the direct evidence showing the colitis and cerebral venous sinus were eosinophilic disorders in this case. The patient complained diarrhea at first, and colonoscopy was important to clarify the diagnosis. Besides, there were still many conditions related to hypereosinophilia, including inflammation bowel disease. Colonic biopsy was also needed to prove the diagnosis of eosinophilic colitis. According to the clinical course, we could only conclude HE with CVST and colitis.

Response: We are regretful that we failed to do a colonoscopy because his platelets were declining, and he was on anticoagulants for CVST, though it is really true as Reviewer suggested that colonoscopy is important for the diagnosis of colitis.

Hypereosinophilia can occur in patients with inflammatory bowel disease, but he had no previous history of chronic enteritis, so we believe that the patient's colitis may be a part of HES. We have re-written the conclusion "HE can induce CVST, and we need to focus on eosinophil counts in patients with CVST."

Special thanks to you for your good comments.

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