

## *Reviewer #1*

1. Authors reported an uncommon case of VZV-TM in an immune-competent patient. However, we are able to find several cases of literatures related to VZV-TM. How might this case report impact clinical practice? Are there any specific differences from previous literatures?

Previously published papers mostly occurred in old age patients and immunocompromised patients. However, in our case, the patient was 46-year-old young male and had normal immunity without any underlying disease. This is specific differences that compared with other papers.

And immediately after the onset of symptoms, treatment was started quickly through early diagnostic test, and the symptoms improved quickly and recovered without any complication. This may show the importance of early diagnosis and treatment of TM.

2. The detection of VZV antibodies and VZV DNA in CSF are confirmatory diagnostic tests. How did you confirm this TM originated from VZV?

We were unable to perform the CSF study due to patient's guardian refusal. The detection of VZV antibodies in CSF are the most definitive way to diagnosis, but several papers report that the diagnosis can be made through clinical symptoms and MRI. In our case, we found typical imaging findings of TM on MRI, and the patient showed typical neurological symptoms that can be seen in TM. In case of reference 7, the diagnosis was made through MRI without CSF study, and in two cases of reference 3, VZV-antibody was not found in the CSF study in both cases, but it was reported that the diagnosis was made with TM on MRI.

3. You recommended that early application of a combination treatment using antivirals and corticosteroids might benefit. Should we use corticosteroids? How

much steroid would you recommend for the treatment?

Treatment was performed through a neurologist, and antivirals and corticosteroids

were prescribed. Despite the absence of evidence, most of the papers of VZV myelitis mention that administration of high-dose corticosteroid is the first treatment. It has been reported that steroids have been used in a variety of ways, and oral corticosteroids; methylprednisolone was used at 1 mg/kg/d for more than 7d, and for IV use; up to 1.0 g/d of methylprednisolone was used. There is no definitive regimen, so no dose is mentioned.

4. You presented one patient case. So you need to change "patients" to "a patient" in TITLE.

We change title as "Transverse myelitis after infection with varicella zoster virus in patient with normal immunity: A case report"

5. IRB approval needs to be mentioned.

Informed written consent was obtained from the patient for publication of this report

*Science editor*

1. I strongly recommend changing the title of the manuscript to "Transverse myelitis after infection with varicella zoster virus in patients with normal immunity: A case report" or "... in immunocompetent patients: A case report"

We change title as "Transverse myelitis after infection with varicella zoster vir

us in patient with normal immunity: A case report”

2. The authors should address whether there could be any possible relationship between the epidural catheter anesthesia and the transverse myelitis.

We performed epidural catheterization through the C-arm in a conscious state, and no direct spinal cord injury was found during the procedure. It was confirmed that blood and CSF was not aspirated through the needle during the procedure, and the C-arm confirmed that the catheter was well positioned in the epidural space. There is possibility that spinal cord may be damaged by the local anesthetic, but possibility is low because symptoms occurred within 6 hours after placement of the epidural catheter and low concentration of local anesthetic was continuously infused. No special findings were found on tip culture after catheter removal, and no special problems were found in the epidural space on MRI.