

Dear Editor:

Thank you for your kind letter about our manuscript titled by “A rare case of autoimmune encephalitis with PRES. ” on July 2022. We revised the manuscript in accordance with the reviewers’ comments, and carefully proof-read the manuscript to minimize typographical, grammatical, and bibliographical errors. The follows are response highlighted by BLUE to the reviewers’ comments.

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#### REVIEWER 1

**Specific Comments to Authors:** The language used is less than ideal, such as is the case with the following quotation from the abstract, “Patients...are frequently manifested by...”. This deserves revision. At the end of this sentence the author(s) use ‘etc’ which is short hand for ‘I could not be bothered to think of anything else’ and should be avoided in scientific writing. The author(s) use first person rather than third person, as per “We here report a patient...” and scientific writing should be in third person to obviate any perception of bias. There should not be a comma before conjunctives, such as ‘and’ or ‘but’ as appears in the following quotation taken from the abstract, “manifestations, and course of PRES are atypical...” or “clinical manifestations, and course...”. The word ‘past’ is omitted from the following quotation, without which the statement makes no sense as the author(s) are publishing a ‘medical history, “ He had no medical history..”. Acronyms should be given in full the first time they are used as per Glasgow Coma Scale in “GCS” or Magnetic Resonance Imaging for “MRI”. “increased muscular tension” should read ‘increased muscle tone’ and “hyperactivity of tendon reflexes” should read ‘hyperreflexia’. Words like ‘meanwhile’, ‘however’, ‘nevertheless’ or ‘thus’ should be avoided as unnecessary, as per “Meanwhile, spot-like microbleeds...”, “However, due to economic problem...”, “Nevertheless, patients with normal BP...” or “Thus, these cascades result...”. In the same sentence “can be found” should read either ‘were found’ or ‘were apparent’ . What does partly resolved mean? This demands further explanation. In the following quotation “also perform classic PRES radiologically” I am sure the author(s) meant to say ‘produce features of’ rather than ‘perform’. The following is not a valid sentence, “Clinical observations should also be emphasized when a patient original with PRES neuroradiological features.” In the following quotation, the article ‘the’ should appear before the word ‘patient’, “In the present case, patient was diagnosed..” Such a paper is not an idle chat in a bar and comments “Last but not the least...” should be strictly avoided. Having made the above comments, the paper does report something of note and if the author(s) address the language issues it should be accepted for publication. I find it strange that a case report such as this should have support funding which raises a host of ethical questions as case reports are not a research exercise and hence

this aspect requires explanation from an ethical perspective. Similarly to need ethics approval to publish a case is likewise questionable but approval from the patient is usual and seems absent from this submission. I trust that these comments assist in your deliberations.

Response: We are very appreciated for your suggestions. We have corrected the English expressions in the revised manuscript.

What does partly resolved mean? This demands further explanation.

Response: We have added the details of the patient's treatment and symptoms that have improved after the treatment.

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## REVIEWER 2

Specific Comments to Authors: Were there any clinical hints that led you to PRES? Do you believe that PRES was a consequence of AE or did you consider it a distinct diagnosis? That is not clear from the manuscript.

Response: Thank you so much for your positive comments. For this case, there was no obvious clinical hints that led us to PRES except for the typically radiological features on his MRI. Through our literature review, the imaging manifestations of PRES also appeared in a case with anti-LGI 1 antibody AE, we presume AE might be a consequence of PRES since PRES can activate the immune system, release cytokines, cause breakdown of BBB and so on. However, the underlying mechanisms still need further study.

You talk about BBB breakdown. Was contrast agent administered?

Response: We did not detect whether the BBB of this patient was damaged, so we didn't administer contrast agent. We only put forward relevant hypotheses based on the literature review in our discussion part. But in our further study, if conditions permit, we will detect the BBB of patients to verify this hypothesis.

Did you consider tumor staging? I don't understand why vasospasm has something to do with PRES or AE. Please explain.

Response: What we want to express is "vasogenic edema" instead of "vasospasm". We have revised the corresponding contents in the text.

The edema is not reversed, it is reduced. Please be more specific about the microbleeds. Were they resolved? Or less prominent? I can see that they are still present.

Response: We have revised the figure legend and relevant content in the text.

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## REVIEWER 3:

Specific Comments to Authors: Although this case report may be valuable, there is a serious problem. #1 The submission format does not conform to the WJCC format at all. The authors should read the submission rules carefully and refer to other case reports. #2 The authors should describe what immunosuppressive therapy was used in this case. #3 The authors should summarize the course of treatment in a progress chart. Also, what symptoms have improved with treatment? #4 What aspects of the images of this case did you consider similar

to those of PRES? #5 The authors should describe the prognosis after transfer. #6 CARE Checklist-2016 is only checked and there is no description of PAGE at all.

Response: Thank you so much for your positive comments. We have described the therapy in detail in the text as well as the symptoms have improved with treatment. In this case, the most typical feature of the imaging of PRES is vasogenic edema. According to our follow-up, the patient died of pneumonia after transferred to the local hospital 2 months later. Since the system only accepts auto-combined manuscript, we could not add the description of PAGE in the CARE Checklist-2016.