February 10, 2013,

Dear Editor,

We thank all the reviewers for their valuable comments and suggestions. Our manuscript has been improved according to the suggestions provided by the reviewers.

Please find enclosed the edited manuscript in word format (manuscript ID 1740). The changes have been highlighted in red.

**Title:** Hashimoto’s Encephalopathy presenting as Acute Cognitive Decline in an Elderly Male.

**Author:** Madan Aryal, MD; Smith Giri, MBBS; Naba Raj Mainali, MD; Karen Smith, MD

**Name of Journal:** World Journal of Neurology

**ESPS Manuscript NO:** 1740

The manuscript has been improved according to the suggestions of reviewers:

**Reviewer 1 comments**

1. Elderly male has been included in the title
2. The patient was discharged on 8th day of admission and not on 4th day, this is a typing error.
3. Past history of Hashimoto’s thyroiditis and his medications in detail version has been included.
4. Value of protein in CSF has been mentioned
5. The results of TSH and TPO antibodies have been written in separate paragraphs and their normal values have been shown. Antithyroglobulin antibodies were 128 IU/ML.
6. EEG findings have been mentioned in more detail.
7. 200 mg of intravenous hydrocortisone initial dose followed by 100 mg IV for 2 days followed by 60 mg hydrocortisone was used for therapy.
8. SREAAT has been replaced by SREAT.
9. Reference 5 has been changed as suggested.
10. As much as 70% of cases of HE are females as suggested by one study by Castillo et al.
11. Although the estimated prevalence of HE is estimated to be about 2.1/100,000; we could not find any data in the literature as to what percentage of Hashimoto’s thyroiditis develop HE.

**Reviewer 2 comments:**

1. The detailed past history of how and when the patient was diagnosed as HE has been mentioned.
2. The patient did not have a previous history of similar symptoms.
3. Recent TSH/TPO/T3 and T4 along with normal values have been included.
4. The term “septic workup” has been removed and replaced by blood and urine culture.
5. The presented disease has been discussed in terms of clinical features, hypothetical pathogenesis, brain biopsy/autopsy findings and the different treatment options.
6. We agree that there has been a lot of case reports of this condition, the unusual finding in the case were his age and gender. The presentation is a common one and the EEG and MRI findings were typical of a case of HE. We agree that such a late presentation could suggest that HE could be one of the treatable conditions causing dementia in elderly patients and hence should be carefully looked for.
7. We have proofread the manuscript and grammatical errors have been reduced.

**Reviewer 3 comments:**

1. We have polished up the English Language
2. As suggested, we have incorporated the recent paper by Tuzun et al into our manuscript. Thank you very much for the suggestion.
3. 3 References and typesetting were corrected

