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Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript #32352 entitled "Anti-N-methyl-D-aspartate receptor encephalitis that aggravates after acinetobacter baumannii pneumonia: A case report". Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

1. Response to comment: Previous work by Qi Huang et al. has shown that adults more frequently suffered from status epilepticus and pneumonia. Adults exhibit worse outcomes mostly because of status epilepticus but not pneumonia. In this paper, the author concluded that acinetobacter baumannii pneumonia can aggravate the process of ANMDARE. A more detailed discussion of a potential link as well as the mechanism underlying this association should be added

Response: After the first hospitalization with remission of status epilepticus and other neuropsychiatric symptoms, Our patient typically manifested with new hyperpyrexia and dyspnea and then developed severe status epilepticus, decreased level of consciousness and convulsion of the limbs again during the second visit. Thus we suppose pneumonia was a risk

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factor of the relapse and aggravation of ANMDARE in our case. Though the mechanism is not clear, whether this connection is meaningful must cause our enough attention and warrants further study. It's essential to strengthen the management of out-patient care in case pulmonary infection occurs.

Qi Huang noticed that the phenomenon that children recover faster than adults do might have resulted from the higher percentage of adults with status epilepticus without elaborating its mechanism of this correlation between status epilepticus and ANMDARE and lack of evidence[2].

We do not deny that status epilepticus can be very detrimental to the patient. Likewise, pneumonia was also a risk factor[1,2], as Qi Huang et al mentioned, and more adults suffered from Pneumonia than children[2]. It's insufficient to conclude that adults exhibit worse outcomes mostly because of status epilepticus but not pneumonia. The correlation and mechanism warrant further clinical integration and research.

2. Response to comment: Produce 2-3 figures and tables and so that paper is easier to read and data (such as CSF, imaging studies of the brain and chest, as well as EEG data of this case) can be presented in a compact manner.

Response: We have prepared 3 figures and tables according to the Reviewer's comments.

3. Response to comment: I suggest to add reference to the sentences:

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Following a growing attention paid to this disease, an increasing number of reports and analyses have appeared in recent years. *Acinetobacter baumannii* pneumonia has rarely been described in patients with ANMDARE.

Response: We have added references to the sentences: Following a growing attention paid to this disease, an increasing number of reports and analyses have appeared in recent years<sup>[2-5]</sup>. *Acinetobacter baumannii* pneumonia has rarely been described in patients with ANMDARE<sup>[4,6]</sup>.

4. Response to comment: I suggest to add a figure to the sentence: Computerized tomography (CT) in the chest revealed acute lung inflammation;

Response: We have added a figure to the sentence: Computerized tomography (CT) in the chest revealed acute lung inflammation

Computerized tomography (CT) in the chest revealed acute lung inflammation (figure 3).

All of the revisions that we make to the revised manuscript have been highlighted red in the updated version of the manuscript and are cited as flowing:

1. We have provided the files related to academic rules and norms including the Institutional Review Board statement, informed consent statement and

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conflict-of-interest statement and sign them in handwritten.

2. We have added Open-Access in the revised manuscript.

3. We have added © The Author(s) 2017. Published by Baishideng Publishing Group Inc. All rights reserved as showed in Format for Manuscript Revision: Case Report.

4. We have added Audio Core Tip

5. We have added references to the sentences: Following a growing attention paid to this disease, an increasing number of reports and analyses have appeared in recent years<sup>[2-5]</sup>. *Acinetobacter baumannii* pneumonia has rarely been described in patients with ANMDARE<sup>[4,6]</sup>.

6. we have modified the sentence "However, no more than one month after the initial onset, the man typically manifested with new hyperpyrexia and dyspnea and then developed severe status epilepticus, decreased level of consciousness and convulsion of the limbs again" in the part of CASE REPORT.

7. We have prepared 2-3 figures and tables according to the Reviewer's

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comments.

8. We have maken several changes in the part of DISCUSSION.

9. We have added a reference " Chi X, Wang W, Huang C, Zhang L, Li J, Zhou D. Risk factors for mortality in patients with anti-NMDA receptor encephalitis. Acta Neurol Scand 2016; 1-7 [DOI: 10.1111/ane.12723]" to the manuscript.

10. We have offered Copyright assignment.

11. We have subjected the final title of the manuscript to Google Scholar search, and submitted screenshot images of the results.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions