

Dear Editor,

Thank you very much for the opportunity to resubmit our manuscript.

We would like to thank you and the reviewer for the extremely careful and constructive review and for the detailed suggestions for improving our manuscript.

Please find enclosed the edited manuscript in Word format (file name: 3446-edited)

Title: Relevance of Long QT Syndrome in Clinical Neurology

Authors: Marcus M. Unger, Klaus Fassbender

Name of journal: *World Journal of Neurology*

ESPS Manuscript NO: 3446

Regarding the issues raised by reviewer 00646445 we want to clarify that our invited manuscript was not intended to be a systematic review but rather a short comment on the clinically most relevant aspects of the long QT syndrome. The article is therefore not based on a systematic review of all available literature. We agree with the reviewer that a list of drugs affecting the QT interval would be helpful. However, given the increasing number of drugs and the fact that our knowledge about these drugs is a dynamic process we prefer to refer to regularly updated websites that provide this information in the revised version of our manuscript. As suggested by reviewer 00646445 we included a section on other neurological diseases (stroke) in the revised version of our manuscript.

Reviewer 00646681 raised only two minor orthographic issues that were included in the revised version of our manuscript.

Reviewer 00113121 suggested including a section reviewing the relationship between long QT syndrome and stroke. An additional section on this topic was added to the revised version of our manuscript.

Concerning the issues raised by reviewer 00646655 we want to emphasize again that our invited manuscript was intended to be a concise and very short comment on the most relevant aspects of long QT syndrome for clinical neurologists and not a comprehensive review article on this topic. However, we agree with reviewer 00646655 that some background information on genetics and the underlying mechanisms might be of interest to the readers. We therefore included some additional statements on genetics and the mechanism by which drugs affect the QT interval. As suggested by this reviewer we also included the study by Frank et al. and provide information concerning the possible pathogenic link between long QT syndrome and neurological disorders (cerebral arrhythmogenesis).

The number of references was extended, but the references still focus on the clinically most relevant aspects of long QT syndrome, as the paper was not intended to be a comprehensive review.

In summary, we feel that our manuscript was substantially improved by the comments made the reviewers. We hope that you consider our brief article worth being published in your journal.

Yours sincerely,

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