

Dear Professor Ji and Reviewers,

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Subdural empyema complicated with intracranial hemorrhage in postradiotherapy nasopharyngeal carcinoma patient: A case report and review of literature". (ID: 41346) 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. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1:

The paper of Chen describes a rare complication after radiotherapy of nasopharyngeal carcinoma. The case-report is well written and the discussion is adequate. There are some typing errors.

Response: Thank you for your comment. We have corrected the typographical errors and sent our paper to the language and editing services to make sure our paper in publication quality.

Reviewer #2:

I read the manuscript named "Subdural empyema complicated with intracranial hemorrhage in postradiotherapy nasopharyngeal carcinoma patient: Case report and literature review". (Manuscript NO: 41346) and my recommendations are as fallows. Title: It is accurately reflects the major topic and contents of the study. Abstract: Adequate, summarizing the topic. Case report: Case has been presented in detail. Topics has been discussed with all aspects. References: References are appropriate and updated. Figures are reflects the major findings of the study, and they are appropriately presented. This study is clearly presented .It is crucial that the

author point out to this rarely case report. Also, this manuscript gives additional new knowledge to the literature. I think that this manuscript is suitable and worth to be published in the World Journal of Clinical Cases.

Response: Thank you for your comment.

Reviewer #3:

You faced a very difficult situation indeed! Please inform us and explain why you used meropenem and not a triple therapy such as a combination of cephalosporins 3rd and 4th generation (as Cefepime and ceftriaxone)? *Corynebacterium* certainly thrives in immunosuppressive patients but I believe a more aggressive therapy could be given to the patient.

Response: Thank you for your advice. The result of culture of the operative empyema came out on the postoperative day 4. Before that, we thought that meropenem could be a reliable antibiotic because it is a broad-spectrum antibiotic used to treat a variety of bacterial infections. The spectrum of action includes many Gram-positive and Gram-negative bacteria (including *Pseudomonas*) and anaerobic bacteria. Meropenem, cephalosporins 3rd and 4th generation were sensitive in this drug sensitive test. However, her condition got worse in a short time and died on day 5. We lacked experience in treatment of this rare and life-threatening complication. A triple therapy may be a more aggressive strategy, but it may also bring on more side effects for these immunosuppressive patients. We need to include more patients in the further study to make a more convincing therapy strategy. Thank you for your comment.

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. And here we did not list the changes but marked in red in revised 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.

Yours sincerely,

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