Author's Response to Reviewer's Comments: Manuscript as suggested

Reviewer 02454185	Author's Response
1. The history that centuries ago is not necessary in the abstract, this can be discussed in the introduction section.	The history part has been deleted from the abstract.
2. In the discussion of the indications for ICP, the evidence should be fully discussed. also to note that the best evidence should be effectiveness studies comparing patients who monitored by ICP and those without monitoring. if a monitoring technique such as this one cannot improve clinical outcomes, the recommendation should not be made. suggest to reference the GRADE framework for this discussion. for many techniques that are accurate in measuring physiological signals, but they are not helpful in improving clinical outcome, these techniques cannot be recommended. for example, in critical care setting, PICCO is accurate and relatively non-invasive in obtaining hemodynamic signals, but it seems not helpful in improving outcome (Intensive Care Med. 2015 Mar;41(3):444-51.). this example can be used for discussing this point.	The suggestion from the reviewer has been incorporated in the text as "Based on the quality of evidence available (one Class 1, four Class 2 and nine Class 3 studies) the foundation recommends (Level II B) the use of ICP monitoring in patients of TBI to reduce in-hospital and 2-week post-injury mortality [9]. "
3. in discussing the limitation of ultrasound measurement of optic nerve sheath diameter; the authors suggest "It is contraindicated in lesions such as tumors of the orbit, inflammation of eye, sarcoidosis, Graves' disease, diseases affecting the optic nerve sheath diameter and patients with legions of the optic nerve ". I suggest to add a discussion that these diseases are really real in clinical setting; and the ultrasound still have good value.	The suggestion from the author has been accepted and the segment has been modified to state that "It is contraindicated in clinically commonly encountered lesions such as tumors of the orbit, inflammation of eye, sarcoidosis (one of the leading causes of inflammatory eye disease), Graves' disease, diseases affecting the optic nerve sheath diameter and patients with legions of the optic nerve [42] . "
4. Suggest to discuss how to measure ONSD; showing a ultrasound figure can be helpful.	The suggestion has been accepted and incorporated by stating "It is measured by placing a liner transducer probe (13-7.5 MHz) over the closed eyelid to obtain an image of the optic nerve sheath as a hypodense area behind the globe of the eye (Figure 6). The ONSD is measured at a depth of 3 mm from the posterior pole of the eyeball as this point is the most reflective of the changes in ICP [75]. " Ultrasound figure has been added as figure 6.
5. it should be noted that Ophthalmodynamometry can be relevant for momentary assessment and is not suitable for continuous monitoring. some relevant articles can be cited: J Neurosurg. 2000 Jul;93(1):33-6. some statistics of the correaltion between Ophthalmodynamometry and ICP reported in the literature can be reported (J Neurosurg. 2011 Aug;115(2):371-4.).	The suggestion was accepted and the modification "Although venous ophthalmodynamometry can be useful for static measurements, it cannot be used for continuous monitoring [90]. While it can predict raised ICP with a probability of 84.2%, in 92.8% of patients, a normal central retinal vein pressure indicates normal ICP [90]. " incorporated. The reference has been added: Reference 90.

Reviewer 00502853	Author's Response
Page of Intraventricular Pressure Monitoring Devices. Last paragraph shows duplicated sentences that must be deleted.	The indicated paragraph was deleted.
I found unnecessary (and somewhat confusing) the table 3.	Table 3 has been deleted
Jugular bulb monitoring: I feel that this technique can be deleted. The study cited by Robertson et al did not aim to compare SjvO2 monitoring with ICP. It could be a part of multimodal monitoring but not a method to estimate ICP.	The section on Jugular bulb monitoring has been deleted.
Lundbergh, ICSOL (please, spell out), Bellner et et al…… -Several references present the number 1 after the first author. Please correct	Spelling of "Lundberg" has been corrected. Number 1 after the first author in the reference has been removed.
Reviewer 03307766	**Author's Response**
However, I would suggest to reduce the length of the manuscript	The length of the manuscript by deleting the duplicated sentence, table 3 and the segment on Jugular bulb monitoring as suggested by reviewer 02454185.
ICP monitoring section: please, define MAP	MAP has been defined as Mean Arterial Pressure.
Reviewer	Author's Response