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Reference ID: 00112131 World Journal of Clinical Cases

Dear Dr. Ma:

We would like to inform you that we have introduced the changes in response to the reviewers comments and suggestions through the submission system at <http://www.wjgnet.com> track manuscripts.

In addition, our point-by-point answers to each reviewer's suggestions are also provided. New sentences added in the text are highlighted with the pen function of Word for easy identification.

We continue to appreciate very much your attention to our study.

Yours sincerely,

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**Reviewer 02457538**

1. We have specified the length of the history of migraine attacks: "8 years".
2. We have added to the case report description: "The patient was not treated with triptans or any other drugs which might have led to vasoconstriction"
3. We have pointed out that "The use of cocaine or other substances with vasoconstrictive properties as amphetamines was ruled out".
4. The patient didn't present a "status epilepticus" because the initial "left autolimited clonic facial movements" lasted < 1 minute. The patient present initial autolimited left clonic facial seizures which can be explained by the involvement of the cerebral cortex related to CLN. Seizures in acute ischemic stroke occur in approximately 5% of patients and are related to involvement of the cerebral cortex or to very large strokes (*Eur Neurol.* 2003;50(2):78-84). We have added a comment into the Discussion section. We have previously pointed out that EEG has been performed on day 20 after the migraine attack showing only right hemisphere slowing. However, we have no picture of the EEG.
5. Intracranial Doppler study was not performed.
6. According to the changes introduced in point 4, we have added a new bibliographic reference (number 13).

**Reviewer 00646541**

1. We have used the abbreviation CLN throughout the text of the manuscript after the first definition and made the appropriate changes.
2. In the Introduction, we have added at the end of the first paragraph "...and rarely cerebral infarction due to migraine" [8,9].

3. The timing of heavy smoker has been for 4 years and the timing of anxiety disorder for 3 years and we have added this information to the report.

4. We have added in Abstract and in Core Tip: "During a typical migraine attack with aura".

5. In the Discussion section we have added references 11 and 12 at the end of the first line ("...infrequently reported [8,9]")

6. In the Discussion section we have added: "The heavy smoking history and the use of oral contraceptives are risk factors for migrainous cerebral infarction".