September 29, 2013

Dear Editor,

Please find attached the edited manuscript in Word format.

Title: Pure Motor Stroke: the most frequent lacunar syndrome. A clinical update

Author: Adrià Arboix, Maria José Sánchez, Josep Lluís Martí-Vilalta

Name of Journal: *World Journal of Neurology*

ESPS Manuscript NO: 5425

The manuscript has been improved according to the suggestions of the reviewers:

1. Format has been updated
2. **CORE TIP** has been added

   Pure motor stroke (PMS) is the most common of any lacunar form (between one half and two thirds of cases). The posterior limb of the internal capsule, corona radiata, and pons are the most frequent brain topographies. This present update is focused on the clinical evidence and mechanisms underlying the relationship between PMS and different stroke etiologies.

3. Revision has been made according to the suggestions of the reviewer

(1) Reviewed by 00646418: None. *Thank you*

(2) Reviewed by00506115: This is interesting and useful. *Thank you*

(3) Reviewed by 00646433: This is a rapid update on pure motor stroke. I would suggest some point of revisions. A short description of clinical conditions and vascular risk factors associated with pure motor stroke due to lacunar ischemia. In additions, the author may better underline take-home messages

Answer: We have added a paragraph (page 3), specifying the main risk factors of lacunar infarct and theirs definitions:

"…and generally develops in patients with hypertension and/or diabetes mellitus. Definition of known pre-stroke hypertension includes patients having systolic and diastolic blood pressure higher than 140/ 90 mmHg, respectively, measured at least

twice by the general practitioner before stroke onset, or those with high blood pressure at the time of stroke onset with one or more of the following: hypertensive retinopathy, left ventricular hypertrophy diagnosed by electrocardiographic or echocardiographic criteria, or abnormal renal function (excluding diabetes or other alternative cause of nephropathy). In accordance with World Health Organization criteria diabetes is diagnosed when post-stroke repeated fasting plasma glucose levels exceeded 7.8 mmol·L (149mg/dL). Serum determination of HbA1c is useful in doubtful cases to diagnose previous diabetes"

Please note, that the new text is highlighted with the pen function of Word in the manuscript file.

Thank you again for publishing our manuscript in the *World Journal of Neurology*.

Sincerely yours,

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