

June 22, 2021

Re: Manuscript NO. 62170, Case Report

Dear Prof. Dr. Ma,

Thank you very much for your decision letter and advice on our manuscript (Manuscript #62170) entitled “A novel case of late-onset Leigh syndrome without delayed development in China”. We also thank the reviewers for the constructive comments and suggestions. We have revised the manuscript accordingly with all amendments indicated by red font in the revised manuscript. In addition, our point-by-point responses to the comments are listed below this letter.

This revised manuscript has been edited and proofread by *Medjaden* Inc..

We hope that our revised manuscript is now acceptable for publication in your journal and look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Xue-mei Wu

First of all, we would like to express our sincere gratitude to the reviewers for their constructive and positive comments.

Replies to Reviewer 1

Specific Comments

1. The clinical description of the case is deficient !!!! Nothing had been mentioned regarding the justification for antiviral therapy What about the basic metabolic screen done in these critical cases e.g. ABG, lactate, Ammonia, blood sugar What is the leading reason to drag attention for LS although the scenario is NOT as an age of onset Had the baby had a family history for similar condition ?? !!!.

Response: Thank you for your insightful suggestion. We have revised the clinical description of the case according to the reviewer's comment. Laboratory examination showed that the white blood cell count and neutrophilic granulocyte count were normal. Therefore, physicians considered the patient to have contracted a viral infection and prescribed traditional Chinese antiviral drugs. Additionally, a basic metabolic screen for ABG, lactate, ammonia and blood sugar has been added to the clinical description of the case. The leading reason to draw attention for LS is the homoplasmic m.9176T>C mutation from the gene analysis, together with the symmetrical lesions observed in the brain MRI and the clinical symptoms of the patient. The family history of the patient regarding a similar condition was negative, which was also added in the case description.

Replies to Science editor

1. The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s)

Response: Thanks for raising this critical issue. Accordingly, the approved grant application form(s) or funding agency copy has been uploaded.

2. The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: Thanks for your positive comment and insightful suggestion. The original figure documents

have been provided.

3. The “Case Presentation” section was not written according to the Guidelines for Manuscript Preparation. Please re-write the “Case Presentation” section, and add the “FINAL DIAGNOSIS”, “TREATMENT”, and “OUTCOME AND FOLLOW-UP” sections to the main text, according to the Guidelines and Requirements for Manuscript Revision.

Response: Thanks for your thoughtful suggestion. The “Case Presentation” section has been re-written according to the Guidelines for Manuscript Preparation.