

**Reviewer's code:** 05907822

### **SPECIFIC COMMENTS TO AUTHORS**

I have read the manuscript entitled Status epilepticus as a complication after COVID-19 mRNA-1273 vaccine: A case report, submitted to World Journal of Clinical Cases. I have a few comments which I think will improve the paper, which is quite well written.

1. There are some typos in spelling in the article and should be corrected. CASE SUMMARY A 56-year-old man received the first dose of mRNA-1273 vaccine against the severe acute respiratory syndrome-coronavirus-2 ... A 56-year-old man received the first dose of mRNA-1273 vaccine against the severe acute respiratory syndrome-coronavirus-2 ... TREATMENT After some time, 400 mg lecosamide was also ... After some time, 400 mg lacosamide was also ... 2. About the CARE Checklist, it would be better to give the exact number of line/page instead of a tick.

### **Answer:**

We would like to thank the reviewer for pointing this out. We have revised the manuscript carefully and corrected all the typos. We also agree with the reviewer's opinion and we have updated the CARE Checklist as recommended.

**Reviewer's code:** 03207387

## **SPECIFIC COMMENTS TO AUTHORS**

The comments to the NO.65712 are showed as followed: 1. This paper presents a rare case of status epilepticus in a 56-year-old man, which arose as a complication after vaccination with the coronavirus-2019 (COVID-19) mRNA-1273 vaccine. And The paper also introduces virology, epidemiology, clinical features, diagnosis and treatment of COVID-19, and they reviewed the literatures related to epilepsy. 2. COVID-19 has attracted the greatest attention in the past two years. There has not been any significant breakthrough in the disease treatment, so the study of COVID-19 vaccine and its complications is very meaningful for disease prevention. In addition, there is no described case of status epilepticus as a complication after vaccination. The paper enriches the understanding of vaccine complications. 3. In Core Tip, it is lack of explanations and analysis for simulation results in the whole paper. (Why did the author think the epilepsy is secondary to fever or immune reaction?) 4. In DISCUSSION, there are too many descriptions about “ how to deal with epilepsy” instead of “how does epilepsy happen in this case” in this paper. 5. The writing of the manuscript needs revision from an English native speaker.

## **Answer:**

We appreciate the reviewer's insider's proposal and agree that it would be useful to explain the connection between the epilepsy and the fever or immune reaction as a trigger. We think that such an analysis is beyond the scope of our work. However, we acknowledge that the predicted connection should be mentioned in the article, so we added the following sentence and reference: “Approximately 13% of patients with epilepsy have a history of experiencing febrile convulsions. Some studies point to a common genetic basis for febrile convulsions and some epileptic seizures <sup>[10]</sup>. Here we find a link between the fever and the development of status epilepticus in a patient in this case report.”

Our manuscript has been revised by a native English speaker as recommended.