

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: Although this study report a rare case, but in practice, it can be encountered. Developing experience is crucial to improve the readiness. I would like the authors to specifically answer the following points:

1- laboratory examinations were in normal range, but they are not specified, it will be a good idea if the authors add a table to let us know these examinations and if there are specific examinations.

Answer: Thanks for your advice. Various regular tests and examinations were done after the patient was admitted to the hospital, and all the examination items are now added to the manuscript (line 113-114). The patient suffered from pontine hemorrhage and swelling of the right lower extremities, so we performed CT, MRI and vascular ultrasound but no other special examinations. Considering laboratory examinations were only for identifying the HOD and the core tip lies in the clinical features and imaging examinations, we did not create a separate table in the manuscript. If laboratory examinations results are necessary according to your judgement, we would be glad to send them to you. The article has been revised as required.

2- The authors did not mention about depression status that may encounter the clinical status, and this may affect the therapeutic response. please let us know about depression status in this case.

Answer: Yes, the patient had depression.

After discharge, the patient's condition was unstable and aggravated. The psychological condition of HOD patients, especially depression, has not been studied yet. Further clarification of depression's impact on HOD treatment requires long-term follow-up. The article has been revised according to comments from line 138 to 139 and line 209 to 210.

3- Regarding therapeutic options, there are other therapeutic options that may help including vitamin D, magnesium, please let us know if such options were taken into consideration.

Answer: HOD treatment is mainly symptomatic. In order to control the disease as soon as possible in practice, we usually use gabapentin, memantine and trihexyphenidyl. Botulinum toxin injections and deep brain stimulation are also used sometimes.

Since the patient was an elderly female, the blood calcium concentration was physiologically reduced. Instead of taking vitamin D pills during HOD treatment, take calcium and vitamin D supplement daily is more recommended. Due to the antispasmodic effect of magnesium, it is not widely used in HOD treatment currently. Because there are many symptomatic treatment methods, we did not mention these vitamin D and magnesium methods in the manuscript.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: This is an interesting case of a rare phenomenon of olivary hypertrophy

post disruption of inhibitory fibers, which in this case was due to a pontine bleed. I have the following comments:

1. Please report more information in the abstract. Use the guide here: <https://www.acponline.org/membership/residents/competitions-awards/acp-national-abstract-competitions/guide-to-preparing-for-the-abstract-competition/writing-a-clinical-vignette-case-report-abstract>

Answer: Thanks for your advice. All necessary information has been provided in the manuscript (line 48-68). We believe the clinical features and imaging examinations are the most important for diagnosis and treatment.

2. The authors also need to upload better labelled figures. Very thick black arrows have been used in the image. Thin color arrows provide for better visuals.

Answer: The figure was re-uploaded in the system as requested.

3. Please add more references and add more discussion of relevant neuroanatomy.

Answer: We did not add many references because few researches were found in the field of HOD neuropathology. This is the first time we diagnose the Bilateral HOD patient, and therefore no anatomical specimens to study. However, we do have some preliminary understanding of HOD (line 143-172).

4. Authors need to discuss more about the previous cases. They should compare and contrast this case.

Answer: There are few previous cases in literature and practice. We've compared and contrasted the case we could find, which did bring hints and references to our diagnosis and treatment (line 173-197).

5. Conclusion is poorly phrased. Please rewrite: "It is critical to avoid misdiagnosis and overmuch intervention by clinical manifestations and the MRI results. However, the treatment effect is not satisfactory."

Answer: Conclusion has been revised as requested (line 221-225).

6. Please upload CARE checklist with page numbers. You have uploaded one with just checkmarks.

Answer: The CARE checklist with page numbers was re-uploaded in the system.

EDITORIAL OFFICE'S COMMENTS

(1) Science editor:

Issues raised: (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);

Answer: Thanks for your advice. Two grant application forms are re-uploaded in the system. Other grants are expired, so we'll withdraw them in the system.

(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.

Answer: The PowerPoint file "fig1" was re-uploaded in the system as requested.

(2) Company editor-in-chief:

Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file.

Answer: Thanks for your advice. The PowerPoint file "fig1" was re-uploaded in the system as requested.

Round 2

Comments:

1. In this revision also, authors only write "Laboratory examinations: Blood test, biochemical test, urine test, stool test and myocardial enzyme spectrum test were conducted, and the test results were all in the normal range." This is considered insufficient. This is a scientific forum, not a presentation by a medical student that authors can get away by saying anything. I pointed this out prior and authors conveniently skipped over this. Kindly provide laboratory values of ALL ROUTINE INVESTIGATIONS at the time of admission, even if they are normal. Make a table.

Answer: Thanks for your valuable suggestions. Table 1 has been added to the manuscript (line 315-328). By setting the table, we found some results that need attention. The red blood cell, the total protein and the albumin were low, and nutritional advice should be given accordingly (line 150-151).

2. Physical examination has been poorly described. All subsystems in neurological and neuromuscular examination MUST be commented upon. All systems should be commented upon. Answer: The physical examination section has been modified according to comments. The neurological and neuromuscular examinations have been commented upon (line 113-132). Systems, including the motion system, the nervous system, the endocrine system, the circulatory system, the respiratory system, the digestive system, the urinary system and the reproductive system, have been checked (line 102-113). 3. Treatment has been described very poorly. Is this a treatment you give to people with motor deficits? Do the authors not give them multidisciplinary care? Do the authors not give them appropriate physical therapy and consultation with physiatrist? Then why do they not write this. I specifically gave the link to American College of Physicians (ACP) Guide to Writing a Case Vignette only because authors had written some of the sections poorly, yet authors made little change in this domain in this revised submission.

Answer: The treatment section has been revised according to comments (line 149-159). For the elderly with motor deficits, we have given her multidisciplinary care and comprehensive treatments. We asked the nurses to turn the patient over and pat on her back to prevent complications. We have invited experts from neurosurgery, vascular surgery, nutrition, rehabilitation and pharmacy departments to make consultations. We have worked with nurses to develop the patient's detailed rehabilitation and care plans, and communicated with her family members to improve her quality of life. For example, the joint movement by the passive aids machine, body massage for 3 times a day and appropriate drug dosage changes for the elderly.