

Dear Editor-in-Chief

We sincerely thank you for your precious time spent in reviewing our paper. I hope that this revised manuscript is satisfactory.

Reviewer #1:

Specific Comments to Authors: In this manuscript, the authors present a case of SDH after spontaneous C1/2 CSF leak treated with targeted EBP. This is an interesting report in which targeted EBP was used in a patient with C1/2 CSF leak and SDH. However, there are a lot of inappropriate terms, vocabulary mismatch, ambiguous expressions, misinterpretations, and incorrect figure legends, especially with regard to imaging. For example,

1) Introduction The sentence “Magnetic resonance (MR) myelography with iodinated contrast is an important diagnostic tool for detecting the leakage site of CSF [10]” seems inappropriate. The most commonly used contrast materials in MRI and CT are gadolinium-based contrast agents and iodinated contrast agents, respectively. Thus, “iodinated contrast” should be revised to “gadolinium-based contrast agent”. Furthermore, according to the reference [10], MR myelography was performed without gadolinium-based contrast agents as in your study.

Response: We agree with the reviewer's opinion and have corrected the sentence (1st paragraph of the introduction, lines 14-15).

2) Fig. 2 The authors have to show which MR sequence was used in Fig. 2A and 2B. I think Fig. 2A demonstrates non-contrast T2-weighted imaging because of high signal in CSF. If so, “dural enhancement” is an inappropriate term since a gadolinium-based contrast agent was not administered. Fig. 2B probably shows contrast-enhanced T1-weighted imaging since vessels exhibit high signal probably caused by a gadolinium-based contrast agent. I think the arrowheads indicate the superior sagittal sinus, not dual enhancement, because this structure seems to

connect with the straight sinus. Moreover, the arrowheads show the hyperintense structure within the upper part of occipital bone, not in the posterior fossa.

Response: We appreciate your thoughtful comments. We consulted a radiologist and changed Fig. 2: MR sequence was changed to T1-weighted imaging, and the dura enhancement has been relabeled.

3) Introduction “SDH is a common radiographic manifestation of SIH, occurring in 50% of patients [15]” is not a correct sentence because the authors did not differentiate SDH from subdural hygroma. According to the reference [15], subdural fluid collections consisted of subdural hygromas and SDHs. 50% (20/40) of patients had subdural fluid collections: of these patients, 60% (12/20) had subdural hygromas alone, while 40% (8/20) subacute to chronic SDHs.

Response: Thank you for your suggestions for the improvement of the manuscript. We corrected the relevant sentences (3rd paragraph of the introduction, lines 2-3).

4) Conclusion The authors concluded that targeted EBP was an effective method of treatment for SDH in a patient with spontaneous C1/2 leak. The patient’s headache improved, and the amount of CSF leakage was reduced after targeted EBP. However, “improvement of SDH” was not mentioned in the main text, or not shown in Figures. Headache can be caused by not only SDH but also CSF leak alone. It remains unknown whether improvement of headache was achieved by improvement of SDH or by improvement of CSF leak with unchanged SDH. If the authors aim to conclude that targeted EBP was effective for SDH, “improvement of SDH” should be clarified. There are other corrections that need to be made. This manuscript has to be checked by imaging specialists such as radiologists. I hope these comments will be helpful.

Response: The “improvement of SDH” was confirmed by follow-up CT findings, and we added this in the main text (OUTCOME AND FOLLOW-UP, lines 11-14) and Fig. 5.

Reviewer #2

Specific Comments to Authors: This case presentation seems to be interesting.

#1 The arrows in the figures are difficult to understand, so the authors had better use easy-to-understand arrows.

Response: We appreciate your thoughtful suggestion. We corrected the figures.

#2 Figures B and E in Fig. 3 are too small to understand. The authors had better enlarge them a little more to make them easier to understand.

Response: Thank you for your suggestions for the improvement of the manuscript. We enlarged Fig. 3B and 3E.

Reviewer #3

Specific Comments to Authors: Dear Author! Congratulations with a nice Case Report! In my view there could be some small improvements in the submission. Who was performing the surgery-qualification of the surgeon If possible, authors can discuss the pathophysiology of EBP and related complication.

Response: A neurosurgeon with more than 10 years of experience decided and performed the surgery. We added details of the pathophysiology of EBP (1st paragraph of the discussion, lines 5-12) and related complications (3rd paragraph of the discussion, lines 1-5).

EDITORIAL OFFICE'S COMMENTS

(1) Science editor:

Some sentences in the manuscript are suggested to be revised, for example, the

sentence in the background "This current report presents a case of SDH after spontaneous C1/2 CSF leak was treated with targeted epidural blood patch (EBP)" may be misinterpreted by the readers.

Response: Thank you for your suggestions for improvement of the manuscript. The revised manuscript has been proofread by a native English speaker.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. 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. Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

We sincerely thank you for taking your precious time to review our paper. We have made some corrections in the manuscript after going over the editorial comments. We hope that our revised manuscript revision is satisfactory and await your positive response. Thank you.