

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade C (A great deal of language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** The authors present four cases of the so-called Wernekink commissural syndrome that occurs in some patients with midbrain infarction that involves the brachium conjunctivum. The cases are very interesting; however, the authors present so much extraneous data regarding the patient's physical status, that the specific features of the syndrome are obscured. The manuscript would benefit from a table showing the key neurological findings in each of the four cases, separated by system involved; ie, ocular motor findings, cerebellar findings, cranial nerve findings, etc.

**Response:** Thank you for your suggestion. We have added Table 1 in the manuscript as suggested by the reviewer.

In addition, as the point of this paper is to emphasize involvement of the Wernekink commissure, an artist's drawing of the brainstem (sagittal view) showing the location of the commissure and its relationship to surrounding structures (eg, the medial longitudinal fasciculus and the ocular motor nuclei) would be helpful.

**Response:** Done, it is supplementary figure 1

Finally, the article contains many errors of grammar and syntax as well as a number of typographical errors. It would benefit from review by someone whose first language is English.

**Response:** English language editing has been carried out.

Reviewer #2:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** This case study with four cases of Wemekink commissural syndrome in midbrain infarction is interesting. I would appreciate your work. This work has been

tailored with available literature. This study would be very much useful in the differential diagnosis of cerebellar ataxia.

**Response:** Thank you for your comments

#### **4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH**

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

**Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further.**

**When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.**

Once this step is completed, the manuscript will be quickly accepted and published online.

Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

**Response:** Done.

#### **5 ABBREVIATIONS**

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

- (1) Title:** Abbreviations are not permitted. Please spell out any abbreviation in the title.
- (2) Running title:** Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.
- (3) Abstract:** Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).
- (4) Key Words:** Abbreviations must be defined upon first appearance in the Key Words.

**(5) Core Tip:** Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

**(6) Main Text:** Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

**(7) Article Highlights:** Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC).  
Example 2: *Helicobacter pylori* (*H. pylori*)

**(8) Figures:** Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

**(9) Tables:** Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

**Response:** Checked

## 6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

**(1) Science editor:**

The purpose of this study is to explore the clinical manifestations of Wegener's syndrome (WCS) and its differential diagnosis. It seems the case was in the rare situation and therefore, can be considered for further review in this journal, however, there are several concerns to be clarified prior for the further review.

1. Please correct these types of grammatical errors throughout the paper.

**Response:** Language editing has been carried out.

2. In the introduction, the incidence rate of epidemiology should be supplemented.

**Response:** We have added the following line in the introduction: “Indeed, considering the scarce number of cases, there is no data the epidemiology of the disease and there are only a few case-reports in literature describing the features of this syndrome [1,2].”

3. Consider a table summarizing the author's findings?

**Response:** We have added a table to summarize the findings (table 1).

4. It is considered to mark the lesion with arrows on the imaging images.

**Response:** Done

Language Quality: Grade C (A great deal of language polishing)

Scientific Quality: Grade C (Good)

**(2) Company editor-in-chief:**

I have reviewed the Peer-Review Report, the 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. However, the quality of the English language of the manuscript does not meet the requirements of the journal. Before final acceptance, the author(s) must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>. Before its final acceptance, the author(s) must provide the Signed Consent for Treatment Form(s) or Document(s). 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:** Done