

Dear Dr \Jin-Lei Wang and dear reviewers,

Re: Manuscript ID: 71890 and Title: *Deep Sylvian Fissure Meningiomas: Case Report and Literature Review*

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "*Deep Sylvian Fissure Meningiomas: Case Report and Literature Review* (ID: 71890)". Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made corrections which we hope meet with approval. Revised portions are marked in red in the paper. The main corrections in the paper and the response to the reviewers' comments are as following:

### **Response to Editor**

#### **Science editor:**

**Comment:** This manuscript reported the case report of deep sylvian fissure meningiomas. Please supplement the patient's final postoperative MRI; indicate the duration of the patient's continued use of antiepileptic drugs after surgery; and please further enrich the discussion by stating the importance of a clear diagnosis and precise microsurgery. Please further modify the language.

**Reply:** Thanks for giving me a chance to revise the manuscript. The patient continued to take Valproate Sodium for one year after surgery. In the past 4 months, the patient has stopped taking Valproate and presented no seizure recurrence. One year after surgery, the patient took MRI again and the image showed no lesion in the right temporal lobe adjacent to the lateral fissure (Figure 6). EEG demonstrated normal. We enriched the discussion of the importance of a clear diagnosis and precise microsurgery on lines 166 to 169. We have submitted the revised manuscript to a professional English editing company. Thank you again for your comment.

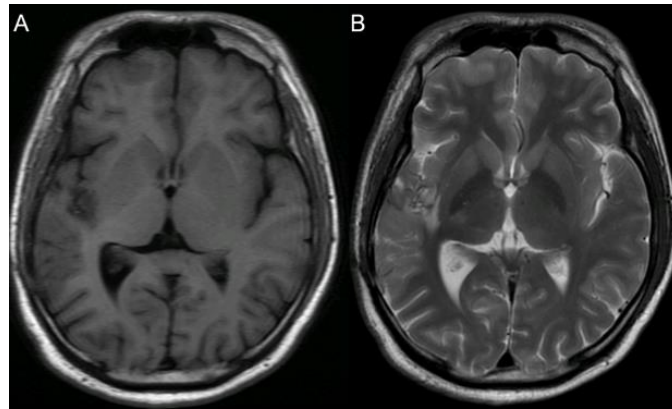


Figure 6. One year after the second operation, MRI images show no mass in the right sylvian fissure: MRI-T1 weighted image, axial view (A), MRI-T2 weighted image, axial view (B).

**Company editor-in-chief:**

Comment: 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. 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 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. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the

author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

Reply: Thank you for allowing me to revise the manuscript. What you said is very reasonable. We have put the figures in PPT according to your requirement. All the figures are original. The supplement table also uses the format according to your requirement. Thank you again for your comments.

## **Review 1**

1. Comment: This case very good emphasizes that the size of the tumor is not so important as the location! However, that fact could be better discussed in discussion/conclusion part. Also, more extensive comparison with other studies from supplement table is recommended.
1. Reply: Thanks for your positive comments and constructive suggestions. We have presented the size of the tumor is not so important as the location on lines 156-160 of page 5. Similar to previous articles, histopathology and immunohistochemistry of the tumor revealed a psammomatous meningioma. We have added this common trait on lines 143-145.
2. Comment: Lines 76, 77, 81, 82: “middle meningeal artery” should be middle cerebral artery. Line 126: “Intraoperative picture demonstrates the en bloc tumor removal” - probably should be complete tumor removal. (“En bloc resection involves the surgical removal of the entirety of a tumor without violating its capsule, and requires resection of the lesion encased by a continuous margin of healthy tissue.”)

Tumor was removed in piecemeal technique (line 117)

2. Reply: Thank you so much for your careful check. We are very sorry for our incorrect writing. We have revised them on lines 76, 77,81,82. We also apologize for writing the wrong name of the operation. We revise this error on line 126.
3. Comment: Lines 90-95: “The tumor was buried in the back of the lateral fissure...” This part of the manuscript needs extensive revision for language and grammar. Were the neuronavigation and Intraoperative neurophysiological monitoring used for surgery? If not, why not? (1st and 2nd surgery)
3. Reply: Thank you for your comments. We used the neuronavigation in the 1<sup>st</sup> and 2<sup>nd</sup> surgery. We also used intraoperative neurophysiological in the 1<sup>st</sup> and 2<sup>nd</sup> surgery(Figure 7). Unfortunately, some data of the 2<sup>nd</sup> surgery are missing, which makes it difficult for us to demonstrate the use of intraoperative neurophysiological. In the future, we will pay more attention to the preservation of data. Thank you again for your comments.

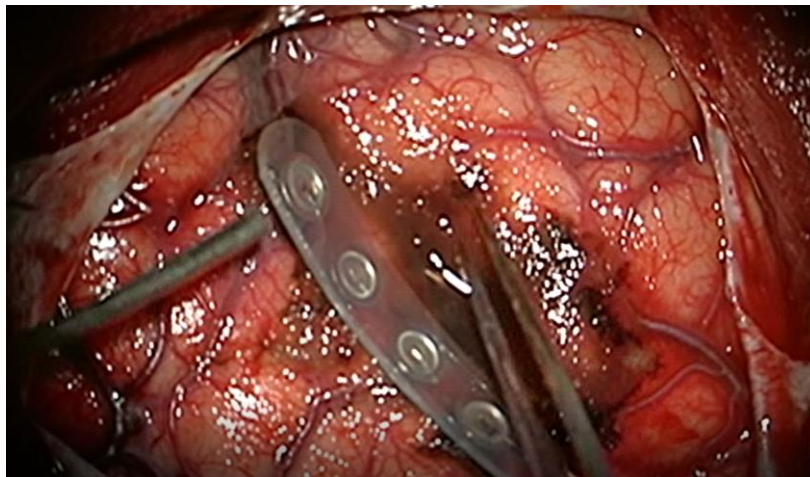


Figure 7, the intraoperative neurophysiological in the 1<sup>st</sup> surgery.

4. Comment: Line 105: The patient developed aphasia (complete loss of speech abilities) or dysphasia (partial disruption of language abilities)? Line 138: “Meningiomas are the most common brain tumors and the second primary central

nervous system tumors“ - my suggestion is: Meningiomas are the most common primary intracranial (instead of brain) tumors.

4. Reply: Thank you so much for your careful check. The patient developed anomic aphasia for almost 2 weeks. We are very sorry for our inaccuracy language and we have revised it on line 105. We gratefully appreciate your valuable comments. You are quite right, we have revised it on line 138. Without your correction, we will mislead people.
5. Comment: The paper needs extensive revision for language and grammar. Extensive editing for English is required also throughout the discussion section. Reference list should be checked (especially journal title abbreviations).
5. Reply: Thank you for your reminding. We have submitted the revised manuscript to a professional English editing company. We have checked again for reference list.

## **Review 2**

1. Comment: This a well written manuscript exemplifying the surgical nuances of deep seated sylvian fissure meningiomas. I'd suggest the authors to add a final post-op MRI of their patients to depict the complete removal of the tumor. Also, the authors need to state for how long after the surgery they continued antiepileptics? Is the patient still on antiepileptics?

1. Reply: Thanks very much for your nice consideration. This is a nice suggestion. We have added the MRI one year after operation in the manuscript (Figure 6). The patient continued to take Valproate Sodium for one year after surgery. EEG demonstrated normal. In the past 4 months, the patient has stopped taking Valproate and presented no seizure recurrence.

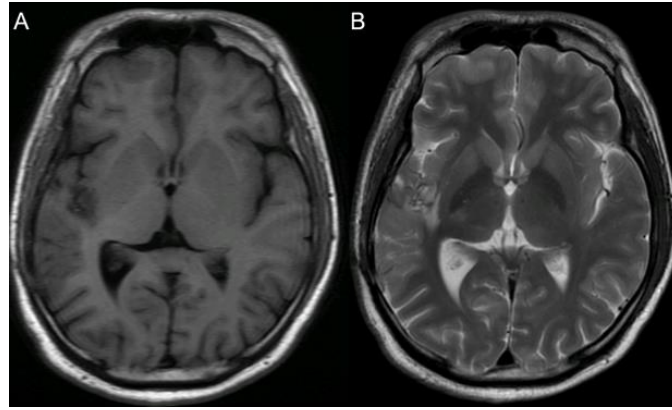


Figure 6 . After one year of second operation, MRI images show no mass in the right sylvian fissure: MRI-T1 weighted image, axial view (A), MRI-T2 weighted image, axial view (B).

We appreciate for your warm work earnestly, and hope that the correction will meet with approval. Once again, thank you very much for your comments and suggestions.

Sincerely, Anni Wang

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