

Reviewer 1:

*The authors describe the hypothesized/probable post-COVID19 -related hypercoagulability (two separate embolisms) in 65-year-old woman. The Abstract is too long. Some descriptions (eg 65-year-old female) and some parts of the text are repeated several times. When stated that the patient was test positive, omit the date but express the time related to the admission. The description of the physical exam - please point out the pathological findings, and then...other exam was normal. Do not begin sentences with Arabic numerals (325 mg, 81.5%) Inflammatory markers: OMIT the Table. What about erythrocyte sedimentation rate and procalcitonin? What about troponin, NTproBNP? Was heart ultrasound done in this patient? The relation to the COVID19 infection is very debatable, and the Discussion should be written with more criticism.*

Thank you for your feedback. The following adjustments have been made to the manuscript to address the issues you brought to our attention. The abstract falls within the 250 word limit. "65-year-old female" phrase was omitted from the history of present illness section. On page 5, line 135, we omitted the date of the COVID positive test and wrote that she tested positive six months (197 days) prior to the current admission. Per the reviewer's suggestion "examination was normal with the exception of" has been removed and changed to "significant for" on page 6, line 154. The two sentences beginning with roman numerals (line 188, 204) have been edited so that they now begin with words. Table 1 with inflammatory markers has been removed from the manuscript. Erythrocyte sedimentation rate and troponin levels were added on page 6, line 161-162. Procalcitonin and Pro-BNP were not measured during the hospital admission (line 164-165). Documentation of the heart ultrasound performed at hospitalization 7/26/21 was included in the original manuscript on page 7, line 177 under further diagnosis and workup. More criticism was added to the discussion on page 9, line 241.

Reviewer 2:

*Dear Authors I carefully read and reviewed the paper titled "Late Ischemic Stroke and Brachiocephalic Thrombus in a 65-Year-Old Patient Six Months After COVID-19 infection: A Case Report". Problem stated well in introduction however a detailed data should be provided about Covid-19 symptoms. Covid-19 infection usually begin with flu like symptoms (Exp Biomed Res 2020; 3(4): 293-311. DOI: 10.30714/j-ebr.2020463629), however, it could be even asymptomatic or present with symptoms of various systems. Presented subjects was presented with vascular occlusion. Presentation of the case was adequate. However, authors should mention how much times has passed after 2nd Covid-19 shot. In addition dosages of the medications used should be expressed. Discussion was fair and conclusions were justified. Reference listing was in accordance with the Journal's instructions. Overall, I recommend revision of the issues as mentioned above before consideration for publication.*

We appreciate your consideration and recommendations. The following adjustments have been made to the manuscript to address the issues you brought to our attention. We have expanded upon the patient's initial COVID-19 presentation and symptomatology in history of past illness (lines 135-141) and have added the timeline from COVID-19 vaccinations to the patient's

hospital admission (line 145). We have revised and expressed dosages of all medications throughout our case report. The dosage of the vaccination, 0.3 mL was added (line 143) as well as the dose for apixaban, 5 mg twice daily (line 190).

Reviewer 3:

*The authors report on a patient with braciocephalic artery thrombosis and subsequently cerebral emboli, who had Covid-19 some months previously. They attribute the thrombosis as due to a hypercoagulable state subsequent to the Covid-19 infection, and make the claim for publication based on the uniquely long interval of hypercoagulopathy between infection and thrombosis. Unfortunately their clinical description of the patient, infection and disease course is not adequate. Local immobilisation, trauma from medical procedures or accidents may predispose to braciocephalic thrombosis, as may the hypercoagulable state induced by vaccination. They thus need to address several important points in their case write up. 1. What is the actual interval between first diagnosis of Covid-19 and thrombosis? 2. What is the course of the Covid-19 infection eg how many days hospitalized, disease severity and especially whether the patient had prolonged upper limb immobilisation or any procedure to the subclavian territory 3. How long was the interval between Covid-19 vaccination and thrombosis presentation? 4. Were any side effects noted after vaccination? 5. Was the vaccination done in the same limb as the site of thrombosis? 6. Was there any immobilisation to the upper limb after Covid-19 or vaccination or from any other accidental injury eg firearm recoil? Even if all these features are not present, the authors have to mention them in the write up so that readers understand they have been considered in the work up of the patient.*

Thank you for your feedback. We have made adjustments to address these concerns. 1. The actual interval between first diagnosis of COVID-19 and thrombosis was 197 days which has been written as 6 months (197 days) on page 5 line 135. A timeline has been submitted with the manuscript that includes actual dates of all events. 2. The course of the COVID-19 infection is now explained on page 5, lines 135-141. We have clarified that the patient did not require hospitalization during her acute infection with COVID-19 and that she received bamlanivimab IV in an outpatient setting. 3. The interval between the second covid vaccine and thrombus presentation was 73 days (page 6, line 145). 4. The only side effect after each vaccination was a sore left arm. This information was added to the manuscript on page 5, line 144. 5. The vaccines were both given in the left arm which is not the same site of the thrombus (page 5, line 143). 6. The patient had no upper limb immobilization or procedure to the subclavian area which is now explicitly stated on page 5, lines 133-134 and page 6, line 146.