

Dear Dr./Prof. Wang,

Thank you very much for your decision letter and advice on our manuscript (Manuscript NO.: 72822) entitled “Hypereosinophilic syndrome presenting as acute ischemic stroke, myocardial infarction, and arterial involvement: A case report and literature review”. We also thank the reviewers for the constructive comments and suggestions. We have revised the manuscript accordingly, with all amendments indicated by red font in the revised manuscript. In addition, our point-by-point responses to the comments are listed below this letter.

This revised manuscript has been edited and proofread by *Medjaden Inc.*.

We hope that our revised manuscript is now acceptable for publication in your journal and look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Min Meng

## Replies to Reviewer 1

### Specific Comments

1. Before accepting an article for publication, I advise some modifications; 93 - 94 lines; reformulate the sentence “No history of fever, nausea, vomiting, speech disorders, unconsciousness or convulsions, hypertension, hypoxia, arrhythmia, or cardiac arrest was noted” in “Until hospitalization, the patient was not burdened with significant CV comorbidity”.

**Response:** Thank you for your insightful suggestion. We have reformulated the sentence in the revised manuscript.

2. 96 - 98 lines; Rephrase the sentences “The results of a physical examination were normal. In the neurological examination, the patient showed right lower extremity weakness (4- / 5 strength) and dystaxia ” in “The results of a physical examination showed right lower extremity weakness (4- / 5 strength) and dystaxia”.

**Response:** We have rephrased the sentence in the revised manuscript.

3. A chronological description of the dg tests performed is not common from the point of view of everyday clinical practice, given the leading symptoms of the disease. Namely, the clinical symptomatology of the patient would indicate subacute stroke. It is common to do a brain MSCT on admission to the hospital, followed by MRI, in the case of unclear dg, which is done. If brain MSCT is not done then, explain why?

**Response:** The brain MSCT was performed as an outpatient service and indicated lacunar infarction. An MRI was performed at admission to confirm the diagnosis.

4. An ECG should also be done on admission because at least 10% of the pts with stroke are known to have a concomitant MI. Describe it in the text immediately after MSCT of the brain. Did T waves normalize later?

**Response:** When the patient was discharged, the ECG exhibited a normal T wave. We have added this information to the OUTCOME AND FOLLOW-UP section.

5. The ECHO finding is very briefly described, stating that there were no segmental wall kinetic disturbances? Did the patient have chest pain, shortness of breath, etc.?

**Response:** The patient did not have segmental wall kinetic disturbances, chest pain, or shortness of breath.

6. Why was coronary CTA done and not urgent classic coronary angiography (Grace score?)?

**Response:** The patient refused a coronary angiography due to the invasive nature of this procedure. Hence, he was scheduled for a coronary CTA instead.

7. What was the kinetics of changes in troponin levels (for example, at admission, during hospitalization and discharge)?

**Response:** The concentration of troponin I was 0.644 ng/ml at admission (as mentioned in the CASE PRESENTATION - Laboratory examinations section), 0.455 ng/ml during hospitalization, and 0.012 ng/ml on discharge. We have added this information to the OUTCOME AND FOLLOW-UP section.

## **Replies to Reviewer 2**

### **Specific Comments**

1. Overall, the manuscript was an interesting read and relevant to its field. The manuscript is well organized and follows a clear flow. A suggestion: • The text of the manuscript needs to be edited in terms of.

**Response:** Thank you for raising this critical issue. We have carefully checked the writing and grammar in the revised manuscript. We have also consulted a professional English language editing service, *Medjaden Inc.*, to check the English.

## **Replies to Science editor**

1. This is an interesting case of simultaneous stroke and heart attack in a male HES

patient. The manuscript is well written. But the related ethics materials are needed.

**Response:** Thank you for your positive comments on our manuscript. The related ethics materials have been provided in a separate PDF file.

### **Replies to Company editor-in-chief**

1. 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.

**Response:** Thank you very much for reviewing our manuscript. The original figures in PowerPoint format have now been provided.