

ROUND 1

First of all, thank you for your careful review. The answers to each reviewer's request are as follows.

Reviewer #1

In discussion part of revised manuscript, we described MRI findings of T1WI image (that's normal) and the reason that why we could make diagnosis of segmental zoster paresis. We consider the MRI findings of signal abnormalities on T2-weighted images without abnormal signals on T1-weighted images of denervated muscles and patient's clinical features, we could establish differential diagnoses from other conditions because denervation injury only affects the muscles supplied by those nerves.

Reviewer #2

In Outcome and Follow-up part of revised manuscript, we described as follow; follow up EMG was not performed because the patient refused it due to the discomfort of the examination and the high cost.

And considering the MRI findings of signal abnormalities on T2-weighted images without abnormal signals on T1-weighted images of denervated muscles and patient's clinical features, we could make diagnosis of zoster paresis. Because denervation injury only affects the muscles supplied by those nerves.

Reviewer #4

All nerve block procedures that we did were used with 0.15% ropivacaine only. Because of PO steroid medication, we didn't use steroid for injection.

Thank you. I look forward to good result.

ROUND 2

Thank you for your careful review. The answers to each reviewer's comments are as follows:

1. Please reply the comments one by one and upload the annotated MANUSCRIPT.

: Done. We uploaded annotated manuscript as well as this file.

2. It was mentioned in the last comment-to-author: "Figure 2/3- In general, MRI enhancement is performed on the T1WI sequence, but Figure 2 shows a T2WI/FS image. Please verify the imaging sequence and method". In conventional MRI examination, enhanced examination is performed on T1WI, because edema cannot be distinguished from enhancement on T2WI. I guess the sequence of pictures selected here was not correct, so the author needs to check it with the radiologist. However, the author did not explain this point in the answering-to-reviewers.

: After consulting with the 2 radiologists, we decided to added MRI images T1WI, T1WI CE, T2WI to Figure2/3. Because MRI of the brachial plexus showed hyperintense signal on T2-weighted images and isointense signal on T1-weighted images without definite enhancement, we can distinguish that region is edema rather than other lesions.

3. Cervical plexus block, axillary nerve block, and cervical epidural block, was performed during hospitalization. Please describe specific medication details, for example, were glucocorticoids added to local anesthetics? Long or short action? Was the medication formulation the same for both neuraxial blocks?

: All nerve block procedures that were used with long acting local anesthetic, 0.15% ropivacaine (0.75% ropivacaine diluted with normal saline) only. Because of her current medication history (ustekinumab and methotrexate), we didn't use glucocorticoids for injection.

Thank you. I look forward to good result as soon as possible..