Dear Editor,

We really appreciate the very swift reviewing of our manuscript. The reviewers' comments are truly constructive and helpful. We have revised our manuscript and marked the revisions in red. Please let us know if the reviewers have any furthers questions.

Your sincerely,
Qing Zhang

Response to reviewers

Reviewer #1

Thank you for your good submission. There are a few things that need to be corrected and supplemented.

1. Postpartum posterior reversible encephalopathy syndrome (PRES) is known to be accompanied by nausea, vomiting, and visual impairment. Did the patient have symptoms such as nausea, vomiting, and visual disturbances? If not, it would be better to state that it was not accompanied.

   ►Answer: No such symptoms were noticed. We have mentioned this in the

2. In the discussion section, it would be better if the description of diseases requiring differential diagnosis should be added. For example, the postpartum period is generally considered to be increased risk of various cerebral disorders, such as reversible cerebral vasoconstriction syndrome (RCVS), posterior reversible encephalopathy syndrome (PRES), and eclampsia. Especially, PRES and RCVS show similar clinical features, and may overlap. So, differential diagnosis is required.

►Answer: Thanks for this suggestion. We have added some text about these two similar disorders in the second paragraph of the Discussion.

3. Please refer to the part marked in red and correct the underlined part. Warm regards.

►Answer: Thanks a lot. All the indicated places have been corrected.

Reviewer #2

The authors report a case of PRES following lumbar puncture headache and postpartum. The case is interesting and well discussed, but a few minor issues must be pointed out.

1. Abbreviations for the first time should be stated in full word (page 4 line 65, ASA).

►Answer: Thanks. This has been corrected.

2. Some PRES are associated with major hemorrhage or blood transfusion. Please describe the amount of blood loss associated with the cesarean procedure.

►Answer: The total volume of bleeding during the operation and on the first postoperative day was estimated to be 50 mL. This has been added in the manuscript.

3. The letters in Figure 1 are overlapped. Is this fixable?

►Answer: This could have been caused by resizing of the figure. We have provided the original PPT figure.

4. Page 6; Were there any electrolyte abnormalities? Please describe serum levels of sodium, potassium, magnesium, calcium, and phosphorus.

►Answer: The electrolyte levels on the second episode of convulsions were slightly lower than the normal ranges. We have added these data in the manuscript.

5. Page 6; you mention “T2 hyperintensity,” however, the figure seems to be FLAIR. Please fix it. Were the DWI and ADC findings consistent with PRES? Please describe.

   ►Answer: Thanks for the suggestion. We have corrected this error. It now reads “T2-weighted magnetic resonance imaging (MRI) using a fluid-attenuated inversion recovery sequence”. We are sorry that the DWI and ADC images were lost due to some system malfunction. Here is the radiologic diagnostic report: Multiple abnormal signals are seen in the brain stem, left basal ganglia region, and bilateral occipital lobes. The lesions showed T1W hypointensity, T2W/FLAIR hyperintensity, and DWI hypointensity, and no significant change in enhanced MRI scanning. No midline shift was not noticed. The fifth and sixth ventricles were in good alignment. No widening of the sulci, fissures, and cisterns was found. No abnormal signal was noticed in the bilateral auditory and optic nerves and the pituitary. No abnormality was seen in the paranasal sinuses.

6. I can’t understand the term “reversible ischemia.” Please specify and show me what kind of ischemic lesions can be reversible.

   ►Answer: Reversible ischemia is a common terminology in cardiology and neurology (J Neurointerv Surg. 2013 May;5 Suppl 1:i25-32). It could be caused by mild or temporary blood reduction. This diagnosis was made by a radiologist at our hospital based on the MRI images. Nevertheless, we welcome any further question.

7. Page 7; Please indicate the antihypertensive drugs you used. I myself understand that intramuscular diazepam injection is ineffective as an anticonvulsant. Please cite the rigor literature and provide evidence that intramuscular injection of diazepam is useful as an anticonvulsant. We cannot publish a case report of a treatment for which there is no evidence.

   ►Answer: Oral amlodipine was used to control the hypertension. Diazepam was administered intravenously. We have corrected this error in the manuscript.

8. Page8; MRI images are difficult to see, please enhance the brightness.

►Answer: Thanks for the suggestion. We have adjusted the brightness of the figures.