

Dear Editor:

Please find enclosed the manuscript “Development and refinement of diagnostic and therapeutic strategies for managing patients with cardiogenic stroke: A long and arduous journey” by Guang-Zhi Liu, Ze-Xin Fan, Ri-Xia Liu, hoping that you will consider it for publication in the Journal of World Journal of Clinical Cases.

According to the comments from the reviewer, we have made considerable revisions in the manuscript as required. Please find below point-by-point explanations and comments:

*Reviewer # 1:*

*Scientific Quality: Grade B (Very good)*

*Language Quality: Grade B (Minor language polishing)*

*Conclusion: Minor revision*

*Specific Comments to Authors: the authors discussed a very important topic. the following points need to be clarified:*

*- Is the figure provided in the manuscript made by the the authors or taken from other source. please make this clear. if taken from another source, mention that.*

Yes, the figure in the manuscript is made by ourselves.

*- After the large discussion of the topic, I wish to have clear picture of the author's opinion on the topic in terms of creating guidelines or similar issues.*

We have made a short statement about the author's opinion in the “Conclusion” section according.

*Reviewer #2:*

*Scientific Quality: Grade C (Good)*

*Language Quality: Grade B (Minor language polishing)*

*Conclusion: Minor revision*

*Specific Comments to Authors: Dear Sir, I want to congratulate your manuscript, it is a nice small revision regarding this special topic. And it is clear that there are several grey areas that need to be evaluated.*

*However, how does your proposal would change the natural history of the disease?*

Yes, we believe that our proposal would change the natural history of cardiogenic stroke, since it could help clinicians raise the awareness of the disease and ensure early discovery, early diagnosis.

*For instance, you "propose that the classification of AAA-related strokes as LAA*

*subtypes can reflect its exact pathogenesis, but it is more appropriate to attribute it to cardiogenic strokes", how does this change would give us an opportunity area in prevention or treatment?*

We think that this change would give us more treatment options (e.g., anticoagulation).

*Do you consider to give a different type of antocoagulants for each phase of the disease?*

Usually, we do not consider to give a different type of antocoagulants for each phase of the disease.

*How it should be monitored, in relation to other etiologies of stroke that need anticoagulation treatment?*

To our knowledge, so far it remains unsolved how to perform monitoring in patients with other etiologies of stroke that need anticoagulation treatment, except a few diseases (i.e., antiphospholipid syndrome).

*Do you consider any changes to the long term follow up into these discussion?*

At present, we do not consider any changes to the long term follow up into these discussions, but future research might bright about some changes.

*Do you consider any general recommendations that need to be stated to GP and IM physicians when dealing with patients with a cardiac condition?*

Yes, GP and IM physicians should keep in mind that some patients with cardiovascular diseases may be complicated by ischemic stroke, and management should be carried out on these patients after multi-disciplinary consultation.

We thank you and the reviewers sincerely for your time and consideration in reading the manuscript. If you have any further questions or requests, please feel free to contact me anytime.

Sincerely yours,

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