

## AUTHORS' RESPONSES TO REVIEWERS' COMMENTS

The authors would like to thank the reviewers for their constructive critique to improve the manuscript. We have made every effort to address the issues raised and to respond to all comments. Please, find next a detailed, point-by-point response to the reviewers' comments. We hope that our revisions will meet the reviewers' expectations.

### COMMENTS FROM REVIEWER #1

This is very interesting case which has been nicely worked up and written. The images could be more clear, but maybe it is just the screen resolution.

**Response:** We would like to thank the reviewer for evaluating our manuscript and for his/her comments.

Please note that we have revised the figures to show the images clearer by enlarging each image.

## COMMENTS FROM REVIEWER #2

Mention the acronym of abbreviation when it is used for the first time.

**Response:** We would like to thank the reviewer for evaluating our manuscript and for his/her comments. Please note that we have spelled out these abbreviations in the main text as follows:

MRI: Magnetic Resonance Imaging

FSIQ: Full-scale IQ

WISC-IV: Wechsler Intelligence Scale for Children-Fourth Edition (WISC-IV)

Moreover, we have revised the abbreviations in the figure legend as follows:

### Before revision

Abbreviations: BCVA, best-corrected visual acuity; OD, oculus dexter; OS, oculus sinister; SER, spherical equivalent refraction; D, diopter; VCI, Verbal Comprehension Index; PRI, Perceptual Reasoning Index; WMI, Working memory index; PSI, Processing Speed Index; SD, standard deviation.

### After revision

Abbreviations: BCVA: best-corrected visual acuity; OD: oculus dexter; OS: oculus sinister; SER: spherical equivalent refraction; D: diopter; VCI: Verbal Comprehension Index; PRI: Perceptual Reasoning Index; WMI: Working memory index; PSI: Processing Speed Index; SD: standard deviation.

The detail intervention for the patient can be included.

**Response:** We would like to thank the reviewer for the comment. Please note that we have revised the TREATMENT subsection to present the intervention in detail. The revised part is as follows:

Before revision

“We recommended support using a strategy for children with dyslexia. He refused to use special textbooks with enlarged letters, as he preferred to use the same equipment and materials as other children, so he was given a reduced load of homework. He was also assigned an additional support caregiver for his class.”

After revision

“We recommended support using a strategy for children with dyslexia<sup>[11]</sup>. We insisted on using special textbooks or paper materials with enlarged letters and wider line spacing for dyslexic children. However, the patient refused to do so as he preferred to use the same equipment and materials as other children. Thus, instead, he was given a reduced load of homework and was also assigned an additional support caregiver for his class so that written materials could be read aloud for him.”

The reports can include the pre and post treatment effects.

**Response:** We would like to thank the reviewer for the comment. Please note that we

have revised the OUTCOME AND FOLLOW-UP subsection to show the detailed pre and post treatment effects. The revised part is as follows:

Before revision

“After his disability was explained to the patient, his parents, and his teachers and classmates, he showed good adaptation to school.”

After revision

“Before his medical assessment, he was not an active participant in the class, and he had lost his confidence. After his disability was explained to the patient, his parents, and his teachers and classmates, and after his study environment was improved, his willingness to participate in class increased and he showed better adaptation to school activities and works.”