

Response to the Reviewers' Comments

We thank the reviewers and the editor for their relevant and useful comments. We are very excited to have been given the opportunity to revise our manuscript. We carefully considered your comments as well as those offered by the two reviewers. Herein, we explain how we revised the manuscript based on those comments and recommendations.

Reviewer #1:

As suggested by the reviewer #1, two references were added, and all points in the text were revised and marked in red in the attached file.

The following descriptions were added to the CASE PRESENTATION and DISCUSSION section.

“Susceptibility-weighted images did not demonstrate hemorrhage.”

“Kur et al^[11] reported three cases of systemic lupus erythematosus (SLE) with PRES, assuming that PRES may be a feature of disease activity with nephritis and hypertension or a result of immunosuppressive therapy in patients with SLE. Patients with autoimmune diseases are more susceptible to endothelial dysfunction and consequently to the occurrence of PRES^[12].”

“However, it is important to recognize this condition because early diagnosis and treatment may result in complete resolution^[12].”

Reviewer #2:

1. Has the author consider the diagnosis of reversible cerebral vasoconstrictor syndrome?

: Regarding RCVS, we have revised and added some of the following to the CASE PRESENTATION section.

“Since major arteries were still clearly depicted on magnetic resonance angiography besides

clip artifacts, vascular problems including reversible cerebral vasoconstriction syndrome could be excluded from the diagnosis.”

2. What about the difference of diagnosis in the ruptured and unruptured aneurysm, author could add discussion by review the previous published case studies. What are the key points we need to pay attention for the PRES in UIA patients?

: Since there are few reports of PRES that occurred after craniotomy for UIA, I think it is actually difficult to compare the difference in diagnosis with PRES that occurred after craniotomy for ruptured aneurysm. The key points that we should pay attention to PRES in UIA patients are described in the conclusion as follows. “Although it may be very rare, prolonged temporary occlusion time and CSF leak may cause the development of PRES in the brain with impaired autoregulation.”

3. Please combined the figure 2A-D in a panel.

: We combined them as you suggested.