

Dear Editor,

Thank you and your reviewers for your thoughtful comments on our manuscript entitled “Giant intraventricular and paraventricular cavernous malformations with multifocal subependymal cavernous malformations in pediatric patients: Two case-reports and literature review” We have made changes according to these comments as detailed below. The edited parts in manuscript are highlighted in yellow.

COMMENTS FOR THE AUTHOR:

Reviewer #2: In this study, the authors reposted two cases of GCM in children. Some problems existed.

1. The language needs to be improved because of some grammar mistakes.

ANSWER: Thank you for the suggestion. We have revised the MS as suggested in yellow highlight.

2. Use of abbreviations: When using an abbreviation, the full phrase should be given at the first time of use. Later, you can always use the abbreviation without mentioning the full phrase. However, the authors did not abide by this rule all the times. Even if the authors had given the full phrase at the first time of use, the authors alternate between the abbreviation and the full phrase. For example, cavernous malformation (CM). Please check the whole article and correct all similar problems.

ANSWER: Thank you for the suggestion. We have revised the MS as suggested in yellow highlight.

3. INTRODUCTION: Please describe also the symptoms, treatment methods and treatment outcomes of this disease entity.

ANSWER: Thank you for the suggestion. We have revised the MS as suggested in yellow highlight.

The most common presenting symptoms are seizure, neurological deficits, and hemorrhage^[8, 9]. The current standard treatment for symptomatic patient is surgical removal, particularly for lesions in noneloquent areas^[8-10]. The surgical outcome is good despite the large size^[10, 11].

4. Table: Please give the full phrase of the abbreviation used in the table.

ANSWER: Thank you for the suggestion. We have changed the details in table 1.

Table 1 Intraventricular and paraventricular giant cavernous malformations in pediatric patients reported in the literature

	Author, year [Reference]	Age, Sex	Size (cm)	Location	Lesion Number	Symptoms	Computed tomography (CT) scan	Magnetic Resonance Imaging (MRI)	Post- operative status
1	Kawagishi et al., 1993 [11]	11 months, boy	10	Right paraventricle	Single	Left hemiparesis	Multilobular high density enhanced rim/septum	Heterogeneous signal intensity on T1w/T2w with hemosiderin rim	Improved
2	Van Lindert et al. 2007 [10]	3 months, girl	6-7	Left paraventricle	Single	Generalized seizure	Left fronto-temporal multicystic	-	Improved
3	Gezen et al., 2008 [12]	10 months, boy	6x4x4.5	Left paraventricular parietal lobe	Single	Focal seizure	-	Lobulated, hemorrhages	Hemi-paresis
4	Nieto et al., 2003 [13]	11 years, girl	5	Left trigone	Single	Seizure	-	Rounded and well-delineated	Improved
5	Kumar et al., 2006 [14]	8 years, boy	5	Right trigone	Single	Mass effect	Hyperdense enhanced, calcifications	-	Improved

6	Kan et al., 2008 [8]	0.9 year, boy	9x6	Left fronto-parietal, intraventricle	Single	Seizure, right hemiparesis	Hyperdense, heterogeneous calcifications	Multicystic with multiple hemosiderin rings	N/A
7	Ozgen et al., 2011 [15]7 reported cases	2 years, girl	> 4 cm	Left parietal	Single	Seizure	-	Macroscopic cysts and huge calcification	N/A
8		4 years, boy	> 4 cm	Medial temporal	Single	Seizure	-	Multicystic hemosiderin ring	N/A
9		8 months, girl	> 4 cm	Left parietal	Single	Seizure	-	Multicystic cysts with subacute hematoma	N/A
10		18 months, boy	> 4 cm	Peri-atrial of Left parietal region	Multiple	Seizure	-	Multicystic with fluid level	N/A
11		1 year, girl	> 4 cm	Left parietal	Single	Vomiting, altered consciousness	-	Macroscopic cysts, huge calcification	N/A
12		9 years, girl	> 4 cm	Left parietal	Single	Seizure	-	Solid, well-defined	N/A
13		8 years, boy	> 4cm	Intraventricle	Single	Headache	-	Solid, well-defined	N/A
14	Two present cases	6 months, boy	9.4 cm	Left Intraventricle	Multiple	Increased head circumference	Solid-cystic	Heterogeneous enhancing solid cyst	Hemiparesis
15		21 months, boy	8.2 cm	Right paraventricle	Multiple	Left hemiparesis	Multilobulate rim enhancement	Multicystic hemorrhage	