

April 30, 2021

Dear Reviewer,

Please find below our responses to the comments about our manuscript entitled “**A Case Report of Oral Cyclophosphamide-induced Posterior Reversible Encephalopathy Syndrome in a Patient with ANCA-associated Vasculitis**”, which we submitted for publication as a Case Report in World Journal of Clinical Cases.

Answering:

It is rare that PRES occurred at the early onset of oral cyclophosphamide therapy. The patient suffered from sepsis and then vasculitis. In general, both sepsis and vasculitis may cause damage to vascular endothelial cells to varying degrees. Therefore, in this case, it cannot be ruled out that the possibility of PRES caused by cyclophosphamide and existing vascular endothelial damage caused by sepsis and vasculitis. Please revise the relevant description and conclusion.

Yes, we mentioned “sepsis” on line 21, page 8 and line 13, page 10.

Your sentence, “Both sepsis and vasculitis may cause damage to vascular endothelial cells to varying degrees.” is great so we borrowed this on line 17-18, page 10.

But we thought that the possibility of the cause of PRES being the sepsis in this patient was a little low. Because he had already received antibiotics for 6 weeks (exactly 41 days) before seizure attack and his CRP was decreasing from 177.1 (on admission day) to 42.6 mg/L (on seizure day). So, we added the sentences, “But his cholangitis was nearly improving state after antibiotic medication for six weeks at the time of seizure attack.” on line 18-20, page 10. And we added “could rule out the sepsis and” on line 21, page 10.

We added the phrase “underlying diseases like sepsis” on 1 line, page 4 in conclusion of abstract, on line 12, page 4 in core tip, and on line 7-8, page 11 in conclusion.

In addition,

1. Please adjust the gray level of Figure 2 to be consistent with Figure 1.

We adjusted the gray level of the Figure 2 to be consistent with Figure 1.

2. Please provide DWI and ADC map sequence consistent with FLAIR level.

We added the phrase, “fluid attenuated inversion recovery (FLAIR) but no abnormal change on diffusion-weighted imaging (DWI) and apparent diffusion coefficient (ADC)” on line 14-15, page 7.

And we added DWI and ADC map sequence images consistent with FLAIR level and adjusted legends of Figure 2 and Figure 3.

3. There are some spelling errors, such as "Internal Medicine" on line 12, page 1 Flare" on line 14, page 7, etc.

We changed "Internal Medicine" to “Internal Medicine” on line 12, page 1

And we changed “T2 flare” to “T2 FLAIR” on line 14, page 7 and on line 5, page 8.

Thank you in advance for your interest and comments. Please address all correspondence to me using the contact details provided below. We look forward to hearing from you.

Yours sincerely,

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