

## Answering Reviewers

Reviewer #1:

**Scientific Quality:** Grade B (Very good)

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

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** We have read with great interest and appreciate the hardwork from the authors, several input are following 1. Since TIA induced by pulmonary AVM is extremely rare in occurrence, we suggest the author to add the prevalence of this condition 2. Since its rarity in finding in general and pediatric population, we suggest the author to add available cardiac workup as the more common etiology of embolic source, such as contrast TTE/TEE to exclude septal defects or holter monitoring to screen paroxysmal AF 3. We suggest to add 6 months post intervention CT scan evaluation as standard procedure if available

Answering

Thanks!

1. Since TIA induced by pulmonary AVM is extremely rare in occurrence, we suggest the author to add the prevalence of this condition

PAVF is one of the important causes of RLS. Previous report showed that the prevalence of PAVF was 0.026% [8]. TIA occur as the clinical manifestation of PAVF is up to 20% of cases [9].

2. Since its rarity in finding in general and pediatric population, we suggest the author to add available cardiac workup as the more common etiology of embolic source, such as contrast TTE/TEE to exclude septal defects or holter monitoring to screen paroxysmal AF

The presence of right-to-left shunt (RLS), which can result in paradoxical brain embolism, is an important etiology of ischemic stroke especially in young adults. PFO and PAVF are the most important causes of RLS. Currently, transcranial Doppler ultrasound has been reported to be a noninvasive and useful method for detecting RLS. The golden standard for detecting RLS is contrast-enhanced transesophageal echocardiography (TEE). It is recommended that these examinations be carried out immediately after the onset of the stroke [7].

3. We suggest to add 6 months post intervention CT scan evaluation as standard procedure if available

At 10 months postoperative follow-up, CT scan showed the position of the vascular plug was stable (Figure3A), and the PAVF shrink obviously (Figure 3B).

Reviewer #2:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade C (A great deal of language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** Please review spelling, punctuation and grammar, as there are a lot of grammatical mistakes that are very distracting to the reader. Did you do a bubble study? Do you have pictures/videos you can provide to show late filling?

Answering

Thanks!

Please review spelling, punctuation and grammar, as there are a lot of grammatical mistakes that are very distracting to the reader.

All the mistakes were corrected as possible as I can.

Did you do a bubble study?

Yes, we did. The contrast-enhanced transcranial doppler (c-TCD) revealed a positive result with a large right-to-left shunt (Figure G).

Do you have pictures/videos you can provide to show late filling?

Yes. FIGURE 1 (G) c-TCD. Middle cerebral artery was detected by c-TCD, and significant embolus signals appeared in 10 seconds after Valsalva action.

Thanks a lot!

Du-Fei Zhang