Dear Editors and Reviewers,

Thank you very much for reviewing our manuscript and offering valuable advice. We have addressed your comments with point-by-point responses and revised the manuscript accordingly.

Responses to the comments by the Science editor:

The study presented a case with pneumonia and complex partial seizures secondary to HES. But past medical history and physical examination were not described in detail, which would make the manuscript more complete.

## Reply:

Thank you very much for your suggestion. We have provided a more detailed description of the patient's history of present illness (Page 5, Lines 149-152), past illness

(Page 5, Lines 154–157) and physical examination (Page 5, Lines 162–173).

## Responses to the comments by the Editor-in-Chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; G: ...". Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the

previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022.

## Reply:

Thank you very much for your suggestions. We believe that separate numbering of 'Figure 1' and 'Figure 2' in this manuscript makes these figures clearer and easier to understand. However, if you prefer, we can amend these to 'Figure 1A' and 'Figure 1B', respectively. Please let us know, and if necessary, we will amend these figures accordingly. Figures 3–6 are different types of imaging, therefore, we consider that numbering each image as a separate figure is appropriate.

Figures 1-6 have all been produced by us for this report. We submit both the original and the modified (copyright) versions in PowerPoint format, but please let us know if we should submit them in other formats.

We have made the following modifications to the original version.

- Figure 1 and Figure 2 were created in Excel and were not modified.
- Figure 3 added a label to the left of the electroencephalogram (EEG) scanned from the medical record to indicate the montage; there were no modifications to the EEG itself.
- Figures 4 and 6 are the original scanned images from the medical record, without any modifications.
- Figure 5 is an image scanned from the medical record. The patient's name, medical record number and date of birth were marked on the upper left side of the original, which we masked with a red rectangle.

In the F6 Publications submission format, the display of 'Furosemide restareted' in Figure 2 and 'Copyright@ the author(s)' in the bottom right-hand corner of each figure were misaligned. If this remains the case when you edit, we would be grateful if you could make adjustments according to the attached PowerPoint files.

Responses to the Comments by the Reviewer 1:

This paper reports a case of pneumonia and epilepsy caused by hypereosinophilic syndrome. The cause of hypereosinophilic syndrome is unknown, and its clinical symptoms are atypical. There are few clinical related studies on hes. This manuscript has certain value. The article fully introduces the research background, and the data and icons can explain the content of the article. The viewpoint given in this paper is that the focus of HES treatment is to determine the appropriate dose and duration of PSL and LEV treatment. This case report can be used as a reference for the diagnosis and treatment of similar cases

## Reply:

Thank you for summarising and valuing our report. As you have indicated, we hope this report will be useful for the diagnosis and treatment of other similar cases.

Responses to the Comments by the reviewer 2:

thank you for inviting me to review the case report. please describe the physical examination and past medical history.

Reply:

Thank you very much for your suggestion. We have provided a more detailed description of the patient's history of present illness (Page 5, Lines 149-152), past illness

(Page 5, Lines 154–157) and physical examination (Page 5, Lines 162–173).

We have also submitted the new English proofreading certificate along with the manuscript.

Again, thank you for giving us the opportunity to strengthen our manuscript with your valuable comments and queries. We have worked hard to incorporate your feedback and hope that these revisions persuade you to accept our submission.

Sincerely,

ISHIDA Tetsuro

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