

List of responses

Dear editors and reviewers:

Thank you for your letter and for the suggestive comments concerning our manuscript entitled “Beware of the DeBakey Type I Aortic Dissection Hidden by Ischemic Stroke: Case Report” (Manuscript NO.: 75671, Case Report). Those comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made corrections which we hope meet with approval. Revised portions are marked in red in the paper. The main corrections in the paper and the responses to the reviewer’s comments are as following:

Responses to the reviewer’s comments

Reviewer #1

Comment: Minor English mistakes (Carotic?)

Response: We have corrected our misspellings. Thank you for your valuable comments.

Reviewer #2

Response: Special thanks for your suggestive comments.

Reviewer #3

1. Did the patient present with nausea or vomiting at any time during the clinical course?

Response: Neither patient showed nausea or vomiting during the clinical course. Since it is an important negative symptom, we have added it to the symptom description. Thank you for your valuable comments.

2. It would be interesting to know if the onset of neurological symptoms was abrupt and sudden.

Response: We can’t agree with you more. Both patients had a very sudden onset and the neurological symptoms were abrupt within ten seconds to minutes. We have added

time description to the manuscript.

3. Typographic errors on page 5, line 10 (“carotic”) should be corrected.

Response: We are very sorry for our incorrect writing and we have checked and corrected all typographic errors.

4. The authors should mention in the Discussion that arterial dissection represents 5.7% of first-ever ischemic strokes of unusual cause in a clinical series (Eur J Neurol 2001; 8: 133-139)

Response: We have added this meaningful part and reference to the discussion. Thank you very much again for your suggestive comments.

Science editor:

The author must provide more detail about the two cases: Clinical history, relevant routine investigation including chest X-Ray, Echo, transesophageal echo, CT scan/MRI brain/Cerebral angiogram.

Response: Thank you for your valuable comments. We have replenished the clinical history and relevant investigation of the two cases.

Company editor-in-chief

Response: On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript. we have studied all comments carefully and have made revision based on the comment point by point. We would like to submit the revised manuscript for your kind consideration.

We would like to express our great appreciation to you and reviewers for comments on our paper. Looking forward to hearing from you.

Thank you and best regards.

Yours sincerely,

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