

Dear reviewers:

Thank you for your kind and practical suggestion and comment. Following text are the point-by-point response to the reviewer.

Reviewer #1:

Specific Comments to Authors: This paper describes in detail a case of vaccine induced immune thrombocytopenia (Vitt). The content is novel, the clinical data are complete, the writing is standardized and the discussion is reasonable. It is recommended to publish.

Thanks for the comment

Reviewer #2:

Specific Comments to Authors: The authors present an interesting case on a COVID-vaccine induced CVT. The case is a well-fitted example for the clinical practice, where such patients may be easily misdiagnosed. Two minor aspects should be considered before publication of the manuscript -I am aware, that the authors used a commercial language service. However, the English is somewhat off and often includes mistakes that sadly distract the reader from the key message. I strongly encourage another round of English revisions. -Did the authors consider consulting neurosurgery for evaluating this case? While I agree that this patient would not have to undergo surgical therapy at her presentation, the (neuro-)surgical aspects of treating these patients should be considered worth discussing (PMID 34202817)

- We sent our manuscript to English language editing company again before re-submit the revised manuscript.
- We consulted neuroradiologist while the initial brain CT was performed for imaging reading and discussed about endovascular intervention. This consultation was not mentioned in previous manuscript. We added it and the treatment for CVT in section of discussion in revised version with novel reference, the recommend from American and European guidelines about the treatment, especially the part of endovascular intervention and decompressive surgery [1, 2]. The consultation is on page 7 and the treatment for CVT in section of discussion is on page 9.

(1) Science editor:

The authors report a case of vaccine-induced immune thrombotic thrombocytopenia with cerebral vein thrombosis. There is no evidence of academic or ethical misconduct. The report is generally detailed, concise, well-illustrated, and addresses a current public health concern, therefore being of scientific interest. In the introduction section, while the authors have cited the largest study of VITT after COVID19 vaccination, it could be interesting to mention the estimated frequency of this reaction among patients who received the vaccine (giving more perspective on the rareness of this condition), and while the authors state that "the most common thrombotic site was the cerebral veins", an exact figure or percentage could give readers a better perspective. There are some minor corrections to writing in the English language: page 4 line 5 - "VITT can progress" better conveys the meaning of this sentence; page 4 line 6 - "the detailed clinical course"; page 6 line 4 "novel left arm". It is recommended that all abbreviations are written in full the first time they appear on the manuscript (IVIg, PF4, SSA, ANA). The peer-review report is positive.

- The incidence of VITT in this study mentioned on page 5 line 14.
- We added the percentage of the most common thrombotic site in this study on page 5 line 16. (Half of the 220 patients had a thrombus in the cerebral veins)
- We sent our manuscript to English language editing company again before re-submit the revised manuscript. We edited as your suggestion and from the English language editing author.
- We checked again and abbreviations are written in full the first time they appear on the manuscript

(2) Company 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 its final acceptance, the author(s) must provide the Signed Consent for Treatment Form(s) or Document(s). 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

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- We added the copyright information to the bottom right-hand side of the picture in PowerPoint (PPT) as the requirement.

1. Ferro JM, Boussier MG, Canhao P, et al. European Stroke Organization guideline for the diagnosis and treatment of cerebral venous thrombosis - endorsed by the European Academy of Neurology. *Eur J Neurol*. 2017; 24(10):1203-13.
2. Saposnik G, Barinagarrementeria F, Brown RD, Jr., et al. Diagnosis and management of cerebral venous thrombosis: a statement for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke*. 2011; 42(4):1158-92.