

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Eisenmenger syndrome (ES) is an advanced form of pulmonary arterial hypertension. Herein, the authors describe the peri-operative management in detail. Oxygen was provided at 20 L/min with a fraction of inspired oxygen (FiO<sub>2</sub>) of 0.95 using a high-flow nasal cannula (HFNC). MAC with dexmedetomidine and remifentanyl may be effective for craniotomy patients with ES. Monitoring of advanced hemodynamic variables allowed the patient to remain stable without the use of vasoactive agents. It is useful in clinical practice and the paper is well written. That said, the language needs re-polishing. There are some minor mistakes in discussion.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: The report is interesting and well written. Few suggestions: 1. Please recheck for the language and incomplete sentences: e.g., HFNC was applied to patients with pulmonary arterial hypertension to avoid hypoxia and hypercarbia, thereby decreasing endotracheal intubation: decreased the need for intubation; . The patient was stayed in the hospital for 5 days: patient stayed at hospital... 2. reduce the abstract, all intricacies of case management are not needed 3. The dose described for dexmedetomidine is quite high: 1mg/kg vs 0.8-1.2mcg/kg in a case where fall in myocardial contractility is not desirable. pls elaborate 4. Core tip should provide unique message from your case study. 5. Scalp block would have decreased the need for sedation drastically and excellent conditions for this case. pl explain why it was not chosen?

Thank you very much for kind reviewing.

Reviewer #1

We sent revised manuscript to a professional English language editing company. A new language certificate was attached.

Reviewer #2

1. We sent revised manuscript to a professional English language editing company. A new language certificate was attached.
2. The abstract was reduced simply.
3. Considering the patient's condition, the dose of dexmedetomidine might be high. So advanced hemodynamic variables were used for more careful monitoring. Fortunately, the patient remained stable without the use of vasoactive agents.
4. Core tip was modified briefly.
5. The scalp block is effective for awake craniotomy. But we were lacked of clinical experience in performing the scalp block. We thought that It would be effective to inject local anesthetics into the incision site. We felt sorry that the scalp block was not implemented.