

Comment #1: Nice case, however it remains unclear if and how the seizure is related to the aortic dissection it may just have been coincidence or triggered by the acute illness please discuss.

Answer: Thanks for your valuable suggestions. The pathophysiological mechanisms between aortic dissection (AoD) and epileptic seizures have not been studied clearly. Most case reports showed that seizure was a clinical manifestation of AoD, but no in-depth research has been done on this relationship (line 190-205).

Comment #2: The case report is good, and adds meaningfully to literature. However, much refinements need to be done, including English refinements. There is no mention of 'ACUTE AORTIC SYNDROMES', of which Aortic dissection is an entity.

Answer: Thanks for your valuable suggestions. We submitted the polishing certificate, and the language defects were further improved. The 'ACUTE AORTIC SYNDROMES' section has been discussed according to comments (line 246-252). As one of our important diagnoses, the acute aortic syndromes can show the value of the patient's imaging results more comprehensively.

Comment #3: Dear authors, The article represents a case report which is focused on aortic dissection with a seizure. I have a few suggestions to optimize the paper: 1. You mentioned: In the myocardial enzyme spectrum test, the value of troponin I was 94.188 µg/L, the value of creatine kinase isoenzyme was 109.810 ug/L, the value of creatine kinase was 2078.00 IU/L, the value of myohemoglobin was 3717.750 ug/L and the value of B type natriuretic peptide was 206.650 pg/ml. Please, explain, is that myocardial infarction? Please provide ECG and if you have - CT angio or invasive angio. You have explain how MI was ruled out! If there is MI, it should be properly characterized. 2. Figure 1B: it looks like the brain was not comprehensively described. Which lesions exactly do we see there? Please explain how normal is that brain scan!

Answer: Thanks for your valuable suggestions.

1. Discussion on the elevation of myocardial enzyme spectrum has been revised according to comments. In our case, the possible reason was that the ascending aortic dissection was close to the heart, which was more likely to affect the blood flow of coronary artery, resulting in myocardial cell damage. Combined with the clinical manifestations and examination results of patients, MI was ruled out. (line 221-230). The result of ECG as the figure 1B has been added to the manuscript (line 132-133 and line 374-376).

2. The figure 1C (figure 1B before revised) has been revised as required. The overall changes of head MRI were also described. Compared with the centrum semiovale, the lesions were high signal area, which were highlighted by black arrows (line 133-136 and line 376-379).