

Comments:

1. The grammar should be revised. Also, it is advised to revise punctuation throughout the manuscript. L 9-11
2. How does a cranial CT scan confirm the diagnosis of CIE? The authors should rephrase the L16-17.
3. Please provide the answer to the following query in the introduction, “Why should this case be published?” “What has this case of unique?”
4. Case report a. Describe patient medical history b. Describe medications in use by the subject being reported
5. Discussion Could the authors provide a table of other cases already reported in the literature? The manuscript is interesting. But the authors should correct grammatical English. Also, a clear description of similar cases already reported in the literature should be done. Moreover, the authors should highlight the uniqueness of their case.

Dear reviewer and editor:

First of all, thank you to the reviewers for their comments and help. We have made the necessary changes to the editor's proposed changes.

1. Through the journal-recommended editing service, we re-edited the language of the manuscript and the punctuation of the full text.

2. Regarding the question of how CT confirms CIE, we further explain in the article that it is combined with the changes in the two CT images after surgery, the patient's symptoms, and the diagnosis of CIE after excluding other common complications, and the corresponding treatment. CT 7 hours after surgery showed that the manifestations of like-subarachnoid hemorrhage in the left cerebral hemisphere disappeared, replaced by brain tissue swelling, cerebral sulcus disappeared, combined with the clinical manifestations of the patient and after exclusion of subarachnoid haemorrhage and cerebrovascular embolism, we diagnosed CIE, and intravenous fluids were given for adequate hydration; mannitol, albumin dehydration, furosemide and glucocorticoid methylprednisolone.

3. Regarding the necessity and uniqueness of reporting this case: Unlike coronary angiography, carotid angiography has lateral problems, in this case, due to the long operation time in the left common carotid artery and the large amount of contrast agent, resulting in a very rare unilateral contrast encephalopathy, and misdiagnosis at the beginning of treatment. Therefore, avoiding misdiagnosis, timely and accurate diagnosis and treatment is the key to reducing patients' nerve damage.

4.The present and past history of the patient's current illness is added to the text.

5.Regarding the addition of the literature table that has already been reported, firstly, I did not find any reports on unilateral contrast encephalopathy, but reference 4 was added, which is a systematic review of contrast encephalopathy, which reviewed 75 cases of contrast encephalopathy.

The above are the changes made to the manuscript. Please review it here. Thank you so much.