

We thank the Editor and the Reviewers for their comments and for their valuable suggestions and requests of clarification. We hope we could amend the new version of our Manuscript following their recommendations and suggestions.

Please find below our answers to their comments and suggestions, point by point. You will find the changes underlined in yellow in the text.

Reviewer #1: The authors present the case of a 32-year-old female patient with extensive pneumococcal meningitis, with a sinus outbreak complicated by candidemia. She presented with extensive laminar ischemic damage in the acute phase, leading to severe cognitive and behavioral impairment. Recurrent ischemic strokes and severe cognitive impairment (executive functions and behavior control) were observed during the four years following onset.

This report is potentially interesting, but the manuscript can be improved according to the following suggestions:

1. In the Discussion section, a comment should be added with a clear remark that a serious complication of infections affecting the central nervous system (by endocarditis or meningitis) is cerebral ischemia. Ischemic stroke secondary to infection (infective endocarditis, meningitis, etc) is rare in adults and was observed in 11 patients in a series of 70 cases (15%) in a clinical study of ischemic stroke of unusual cause (Eur J Neurol 2001; 8: 133-139). The inclusion and comment on this reference is recommended.

We thank Reviewer 1 for her/his suggestion. We added and discussed in the text this interesting reference.

2. Acute stroke may also be a manifestation or complication of hematologic disease in young patients. This is a noteworthy clinical aspect that should also be emphasized in the text (Expert Rev Hematol 2016; 9: 891-901). Did the authors consider this in their study protocol?

According to this suggestion, we added to the manuscript a paragraph about the exams conducted in order to exclude the hematological origin of the disease.

3. It would be advisable for the authors to comment in the text on the differential diagnosis of acute stroke in young people.

We thank the reviewer for this appreciable suggestion. We added this information to the text.

4. It is essential to point out the results and data obtained from neuroimaging (brain CT and /or MRI).

We have added a paragraph to comment on the latest neuroimaging exam at our disposal.

5. It would be interesting to know if antithrombotic medication was administered to the patient and at what dose.

At the time of the new ischemic event in the pontine region, the patient started an antithrombotic therapy. We now added this information to the manuscript.

6. It would be interesting if the authors included in the text some of the limitations of this study.

We added a section on the limitations of our case report.