Format for ANSWERING REVIEWERS

December 20, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14050-review.doc).

Title: Variant of multiple sclerosis with dementia and tumefactive demyelinating brain lesions

Author: Sherifa A Hamed

Name of Journal: *World Journal of Clinical Cases*

ESPS Manuscript NO: 14050

The manuscript has been improved according to the suggestions of reviewers:

I am grateful to the reviewers for the helpful comments on the Ms. No. 20140916043635 with the title "**A variant of multiple sclerosis presented with acute dementia and multiple tumefactive demylinating brain lesions"**, I am are submitting and wishing to be published into WJCC. I have addressed all reviewer's comments, as indicated on the attached pages, and I hope that the explanations and revisions of my work are satisfactory. I have highlighted the changes in the revised article (yellow color). I hope that the revised version of the manuscript is now suitable for publication in WJCC and I look forward to hearing from you at your earliest convenience.

Response to reviewer's comments:

Interesting article on the scientific and practical level. Text well wrote and easily comprehensible with clear figures, nevertheless some modifications and corrections will be desirable to reconsider final work:

Reviewer:

1. In the introduction: -I think the introduction is too long, the authors must to reduce it and make short introduction why the authors report review of the literature in the introduction?

-Authors must pose the interrogations, questions and the goal of the paper to direct the reader. They have to introduce the subject discusses and polemic of M.S, difficulty of make diagnosis and variety of differentials diagnosis.

Author:

Page 3, lines: 3-5 and 22-24: I revised the introduction and shortened it to the basic information regarding typical MS. The second paragraph in the introduction has been deleted as recommended and replaced by the following text:

"Some cases of MS may pose a diagnostic difficulty due to atypical clinical and radiological features which mimic other fulminant CNS conditions as central nervous system (CNS) inflammatory/infective conditions and intracranial neoplastic and non-neoplastic space occupying lesions (SOLs)".

Reviewer:

2. Some grammatical mistakes

Author:

I revised the manuscript with the assistant of a colleague with English as a naïve language and corrected the typo and grammar errors.

Reviewer:

3. Case report -How the diagnosis of M.S was made? (Cerebral MRI and VEP only)?; there are some criteria to confirm diagnosis of M.S -The sequences T1 T2 weighted MRI and FLAIR are sufficient to confirm diagnosis??? Spinecho, Gradient echoT2? -What's the place of spectroscopy for diagnosis of M.S? and why the patient don't have it?

Author:

I returned to the Radiology department and asked my experienced colleagues regarding the reviewer's questions and they provided me with the following explanations (I hope they are satisfactory in regards to the author's question):

The patient did the conventional MRI in the routine work on December 2009. At that time the available MRI in the University hospital was Gyroscan NT which was available in the hospital since 1997. It can do Spinecho, Gradient echoT2 however as the MRI was done in the routine work, these sequences were not done to the patients as it was only done for research work or when only asked by a physician. Also this machine is not upgradable to Achiva which can do MR spectroscopy and so MRS was not done.

Now, In our University Hospital we bought a new Philips MRI (since 2012) which have most of the

new MRI techniques including MRS.

Reviewer:

4. The protocol for treatment you have done, are protocol of your department??? You don't think immunosuppressive treatment is going to be better for the patient?

5. We informed that patient that she is in need for a disease modifying therapy to optimize therapy and prevent relapses but she refused due to the low socioeconomic status. Which treatment would have given to your patient??

Author:

Yes, it is a protocol of our department as in many others in developed and developing countries which is to use pulse therapy using I.V. methylprednisolone as a first line therapy for treatment of acute attacks of MS. In addition, the socioeconomic status and the cost of treatment particularly in absence of insurance for this patient is a major limit to use the other first-line disease modify therapies as IFN-1a/b, Galatiramer acetate, Mitoxantrone and Natalizumab although they are available in our country (**Page: 4, lines: 23-26**).

Reviewer:

6. Figures: -Figure 1: both figures B and D are sufficient

Author:

We revised Figure 1 as recommended.

Reviewer:

References: -To withdraw the old ones references (36)

Author:

I withdraw the old reference and replaced it by a new one as follow:

36. **Jordan JT**, Plotkin S, Dietrich J. Magnetic resonance imaging observations in primary central nervous system lymphoma. JAMA Neurol 2014;71:918-919 [PMID: 24861724]

I certify that this review with the title **"A variant of multiple sclerosis presented with acute dementia and multiple tumefactive demylinating brain lesions"**, have not been submitted simultaneously elsewhere.

With this paper, there are 5 figures which I am wishing to be published.

Thank you for accepting reviewing our revised manuscript.

Sherifa

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