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Reviewer's code: 02855845

SPECIFIC COMMENTS TO AUTHORS

This study investigated that in patients with intracranial infection after brain surgery, MRI has a higher diagnostic efficiency than CT, conducive to the preference for carrying out timely detection and early treatment for infection. The specific performance was that the diagnostic sensitivity and specificity, the diagnostic coincidence rate, and the positive and negative predictive values were significantly higher with MRI than with conventional CT, which can be actively promoted. The figures and tables help the readers to make a more understanding of the study; however, some concerns have been noted including: 1. The format of references should be modified. 2. Please write the P value correctly.

Answer to reviewer:

Thank you very much for your time to review this manuscript. We appreciate the positive comments of the reviewer on our study. Thank you for the time and effort that you have put into reviewing the previous version of the manuscript. Based on the instructions provided in your letter, we uploaded the file of the revised manuscript.

The format of references should be modified.

Response: Thank you for underlining this deficiency. The format of references has been modified.

Please write the P value correctly.

Response: Thank you for pointing this out. We have revised the format of *p* value.



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Reviewer's code: 02856261

SPECIFIC COMMENTS TO AUTHORS

An interesting study aim to assess the application value of MRI and CT in the diagnosis of intracranial infection after craniocerebral surgery. The study further confirming that MRI has a higher diagnostic value than CT in the diagnosis of intracranial infection. Comments: 1. Please check the subtitle 4 without text of the results section. 2. Manuscript requires a minor editing, both the format and the language. Please update it.

Answer to reviewer:

Thank you very much for your time to review this manuscript. We really appreciate it. Your suggestions have enabled us to improve our work. This is our point-by-point response to the comments. The comments are reproduced and our responses are given directly afterward in a different color. We would like also to thank you for allowing us to resubmit a revised copy of the manuscript.

Please check the subtitle 4 without text of the results section.

Thank you for this valuable feedback. We have checked the subtitle 4 of the results section and adjusted the text.

Manuscript requires a minor editing, both the format and the language. Please update it. We regret there were problems with the English. The format and language has been carefully revised.

Reviewer's code: 02856188

SPECIFIC COMMENTS TO AUTHORS

This manuscript is retrospective study regarding study the application value of MRI and CT in the diagnosis of intracranial infection after craniocerebral surgery. The results indicated that MRI examination can make an accurate diagnosis of intracranial infection after clinical craniocerebral surgery. Compared with CT, MRI had higher diagnostic efficiency. The specific performance was that the diagnostic sensitivity and specificity, the diagnostic coincidence rate, and the positive and negative predictive values were significantly higher with MRI than with conventional CT, which can be actively promoted. And some concerns have been noted including: 1. Some minor language polishing should be corrected. 2. The discussion is too long, please short it.

Answer to reviewer:

Thank you for the very professional comments and the time and effort that you have put into reviewing the previous version of the manuscript. Your suggestions have enabled us to improve our work. We are extremely grateful for pointing out this problem. Thank you so much for allowing us to resubmit a revised copy of the manuscript.

Some minor language polishing should be corrected.

We realized that some language polishing should be corrected in the manuscript. Now we have read it through carefully and corrected the errors.

The discussion is too long, please short it.

Thank you for the suggested. The precedent version of the discussion has been simplify.