

1. The "Introduction" part needs citation, including most of the clinical facts (young stroke=18-45 years old, 10-14%, 20%).

We have added this part of the reference 1-3, and the order of the reference is sequentially arranged.

2. Why did the patient have involuntary choreiform movement of the "left upper limb"? It is better to show the post-operative MRI to demonstrate the final brain ischemic lesion?

The patient had involuntary choreiform movement of the "left upper limb". It may be the following mechanisms or reasons:

Several possible pathophysiological mechanisms of cerebral damage associated with "involuntary choreiform movement" have been suggested. One of these mechanisms may be cytotoxic edema caused by ischemia and hypoxia, resulting in a sharp decline in brain energy status and cell pump activity. Another hypothetical mechanism is ischemia and hypoxia on the lesion side, resulting in stress hyperglycemia, increased blood flow in the contralateral basal ganglia and thalamus, increased perfusion, and limb dance-like movements on the ipsilateral side of the lesion. Finally, it may also be due to γ -aminobutyric acid and the exhaustion of acetylcholine in vivo, neuromuscular articles Ca^{2+} flow, resulting in muscle contraction.

The post-operative in 4d, the brain MRI images were uploaded and inserted into the manuscript. Unfortunately, there was no follow-up review of the brain MRI.

3. How can you explain the high level of CRP (78.61mg/L)?

Elevated CRP levels are more likely to be associated with stress from acute stroke.

4. Please write down the dose of alteplase (ex: 0.9 mg/kg).

She was successfully treated with intravenous thrombolysis using alteplase. The dose was 0.9 mg/kg, 10% of the total dose was administered intravenously as a bolus, followed by an infusion of the remaining dose over 60 min.

5. Please simplify the figure 1, eight CT cuts are too more.

6. Please make the Figure 2A cleaner, the blood spot in the bottom of the figure is redundant.

7. Please cut the unnecessary part of figure 2C.

Following the suggestion of the referees, we have redraw Figure 1, 2A and 2C.

8. "There was no recurrence at 1 year follow up." What is your medication used for stroke secondary prevention?

For the secondary prevention of stroke we use warfarin, the reason is that the recurrence rate is low but still exists. See References 15.

The prognosis of CM after surgical resection is good, and the recurrence rate is about 1%-4% in scattered cases^[15]. Although the recurrence rate is low, warfarin anticoagulation was used for 1 year to prevent recurrence in the case.

9. Issues raised: (1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all

graphs or arrows or text portions can be reprocessed by the editor.

We submitted the original picture documents in the form of a PowerPoint.

See revised manuscript with mark detail in the “Supplementary Material”