November 24, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 15016-Review).

Title: Spectrum of complicated migraine in children: A common profile in aid to clinical diagnosis

Author: Surya N Gupta, Vikash S Gupta, Dawn M Fields

Name of Journal: *World Journal of Clinical Pediatrics*

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We deeply appreciate the Reviewers' comment in enhancing the quality of this manuscript.

In summary, we have removed the confusing statements and have highlighted the additions.
For the detail of our responses to the Reviewers suggestions/questions are as follows:

Reviewer # 646241

In their paper, "Spectrum of Complicated Migraine in Children: A common profile in aid to clinical diagnosis", Gupta and colleagues present a review on the given subject, the work contains a lot of interesting information, however, sometimes it is a bit difficult to read, since it appears not optimally organized, and, for the language, a native speaker might point to some possible improvements.

First, the authors intend to explain definitions, which is very helpful. If I understand correctly, they propose to define three subtypes of migraine, i.e. migraine without aura,

migraine with aura, and complicated migraine. Migraine without aura means just typical headache, migraine with aura means typical headache plus neurological symptoms, and complicated migraine means neurological symptoms without headache (at least no significant headache).   If this is correct,

Response: Yes

This is in slight incongruence to the current ICHD-3 code, in which the diagnosis of migraine is sub classified into 1.1 Migraine without aura, 1.2 Migraine with aura, 1.3 Chronic migraine, 1.4 Complications of migraine, 1.5   Probable migraine, and 1.6 Episodic syndromes that may be associated with migraine.

Response: Agreed.   Incongruence between the classification and the clinically practice in past have been reported by other investigators.

For the same reason; we mentioned this issue in a paragraph on page # 7 the first paragraph (highlighted). Additionally, we added a sentence also at the end of the abstract.

1. Although definitions are discussed by Gupta et al. throughout the chapters 1., 2., and 3. – it is still not easy to understand from the text, how the authors propose to subgroup the rare migraine variants now.

   Response: to clarify we have added on page # 7, the   second paragraphs.

2. For clinical diagnosis, migraine variants can be classified as complicated migraine. However, its subgrouping as migraine variants still remains clinically useful to indicate that these conditions has potentially to developed in a full blown migraine in adult life.

   Response: Agreed

3. For example, they state that status migrainosus does not belong to complicated migraine, however, they do not tell either to which subcategory this subtype should be grouped, or whether it should still remain as a separate entity.

   ==Response: We have clarified as follows:== On page 6

4. Since the authors' definition of complicated migraine becomes not quite clear in the text, their following review is also not very easy to read (which may also be due to language problems, since some

Sentences just seem to have grammar problems, see below, minor points).

5. The authors refer to some very novel concepts of migraine pathophysiology (cortical spreading depression) without going into detail; this would be helpful since to my knowledge the exact role of cortical spreading depression (cause, component or consequence of migraine) is not yet fully elucidated.
   ==Response:==   Added with new references [11, 12] on page # 8.

6. So, in conclusion, the work contains very much information, but has to be reorganized substantially to be easily readable for the non-specialist.

7. In the current form, in my view it is not publishable. Some minor points (selection):
   ==p. 4:== Department visit. Their clinical presentations are variable – better: …visit. Its clinical… (singular) ==p.5:== In pediatric neurology hospital practice, Complicated migraines are the second most common cause after seizures for Emergency Department visit. – better: …practice, complicated migraines… further: is it really true that complicated migraine is thus frequent? Is there any reference? ==p.10:== Age and Sex - here, the authors quote a work describing subtypes of headache. However,

as they say, headache is not a relevant symptom in complicated migraine. For the assumption that complicated migraine peaks with young adult females, no reference is given.   Further, the sentence that nearly all patients are female (p. 12) should be explained here. Age distribution should also be explained more clearly.

Response: Thank you for pointing out. A statement with reference has been added on page 9 under "AGE and Sex"

Table 3 has been modified to reflect the changes

8. p. 11: Headache in complicated migraine is not a presenting symptom. However, it may occur before, during, or after the presenting feature. In this respect complicated migraine as a subgroup of migraine spectrum can be seen as a "typical aura without headache" – this is a bit confusing: are there some cases which have headache without headache?

Response: Agreed, A new statement was inserted on page 10

as follows

"The headache is not a presenting symptom of complicated migraine. However, headache often coexist with complicated migraine. "

9. p. 12: On the whole, female sex and a family history of migraine may occur in migraine, but it is almost always present in children with complicated migraine – if I understand correctly, complicated migraine occurs exclusively in females, is there a reference for this?

==Response:== Agreed and deleted and rephrased.

==p. 12.:== characterirized – better: characterized p. 12: complicard – better: complicate

p 14: HaNDL syndrome – what is this? - should be

==Response:== Thank you for the suggestions. We have corrected the type errors And have

removed

"HaNDL syndrome" along with reference.

Reviewer # 503182.

==Response:== Tables have been rearranged.

Thanks