

## **RESPONSES TO THE COMMENTS FROM THE REVIEWERS:**

We would like to thank the reviewers for the time and effort they spent reviewing our manuscript and for their constructive comments, which helped us improve the manuscript. We have responded to these comments in the order they were presented. We have used black font for reviewer comments and red font for our responses.

Reviewer #1: 1. Please avoid using a long sentence composed of multiple subsentences. It can be either difficult for readers to access or confusion/misleading. For examples, the 2nd sentence in the abstract.

**Response:** Thank you very much for your valuable advice. According to your suggestion, we have modified the corresponding sentence you mentioned (the changes are highlighted in yellow), at the same time, we have also polished the whole article. Thanks again for your comments, which have greatly increased the readability of our manuscript.

2. Abbreviation is normally used for a term that is used at least three times. Alternative psychosis is used only once and thus its abbreviation of AP should not be used.

**Response:** Thank you very much for your questions and valuable suggestions. We apologize for the imperfections in our previous version. We have deleted the abbreviation of alternative psychosis (AP). Please review the change to ensure that they are appropriate. Thank you again for your guidance.

3. Careful editing to correct grammar errors should be conducted. For example, the 2nd sentence in the introduction should contain “has been significantly improved” instead of “has significantly improved”.

**Response:** Thank you very much for bringing this fact to our attention, and we completely agree with you. In accordance with your guidance, we have conducted a careful editing of the grammar errors of our whole manuscript carefully. Please review whether it is appropriate. Thank you again for your guidance.

4. Use appropriate terms. For examples, in the abstract, “... factors related to FN.” should be “... factors causing FN.” Contradictory or controversial seems not an appropriate term since they mean either mutually opposite or inconsistent. Here, FN is a case in which the improvement of treated epilepsy patients becomes developing a new or alternative psychosis. So, the term of alternative psychosis should be more meaningful. I suggest to delete contradictory phenomenon and not to use controversial. In the 3rd paragraph of pathogenesis of FN, what does “excision sites” mean?

**Response:** Thank you for your rigorous and detailed comments, and we completely agree with you. In accordance with your guidance, we have deleted “contradictory phenomenon” in our manuscript. What’s more, the “excision sites” in the 3rd paragraph of pathogenesis of FN means the resected tissue of epilepsy surgery, and we have rewritten that sentence (the changes are highlighted in yellow). Please review these changes to ensure that they are appropriate. Thank you again for your guidance.

# Science editor:

1.The “Author Contributions” section is missing. Please provide the author contributions

**Response:** Thank you very much for your rigorous comments. We apologize for the imperfections in our previous version. We have added author contributions to our manuscript. Thank you again for your guidance.

2.PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

**Response:** Thank you very much for bringing this fact to our attention. We have added PubMed numbers and DOI citation numbers to the reference list and listed all authors of the references to our manuscript. Thank you again for your guidance

(3) Please add table/figure to this review.

**Response:** Thank you very much for your valuable suggestions. Per your suggestion, we have added table 1 (Clinical features and treatment of forced normalization) to our manuscript. Please review whether it is appropriate. Thank you again for your guidance.