Author’s response to reviews

Title: An unexpected evolution of symptomatic mild middle cerebral artery (MCA) stenosis: asymptomatic occlusion

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Author’s response to reviews:

Dear Editor,

I’m submitting the revised version of the manuscript entitled “An unexpected evolution of a symptomatic mild middle cerebral artery (MCA) stenosis: ultrasound diagnosis and follow-up” to your attention as final version.

I made minor and not substantial corrections, concerning only the language aspect. These changes are listed below.

ABSTRACT

From

Indeed it is described more frequently in Asian populations and African-American people, but the finding of intracranial stenosis is relatively common also in Caucasians with ischemic stroke, at any age.

To

Indeed it has been reported more frequently in Asians and African-American people, but the finding of intracranial stenosis as a cause of ischemic stroke is relatively common also in Caucasians.

From

Moreover, the course of the vessel involvement is highly dynamic in both directions, improvement or worsening, although most data come from the atherosclerotic subtype, compared to other causes.

To

Moreover, the course of the vessel involvement is highly dynamic in both directions, improvement or worsening, although several data are derived from the atherosclerotic subtype, compared to other causes.

From

congruent with the symptoms at the presentation
To congruent with the presenting symptoms

From the neuroradiological study with magnetic resonance imaging confirmed this finding

To magnetic resonance imaging confirmed this finding

From she was discharged on antiplatelet and lipid-lowering therapy, having failed to identify autoimmune or inflammatory diseases.

To she was discharged on antiplatelet and lipid-lowering therapy, failing to identify immuno-mediated or inflammatory diseases

From but a control neurosonological examination found

To but a routine neurosonological examination found

CASE DESCRIPTION

From The patient arrived in the Emergency Department four hours after the onset of symptoms and an unenhanced brain CT was performed, with normal findings.

To The patient arrived in the Emergency Department four hours after the onset of symptoms and an unenhanced brain CT did not show abnormalities.

From Urgent laboratory examination was also normal.

To Urgent blood tests was also normal.

From M2 MCA branches stenosis

To M2 MCA branch stenosis

From no neurological events were reported
To no neurological event was reported

From
This clinical case, during its course, raises some relevant discussion points to be clarified during the clinical reasoning.

To
This case, during its course, raises some relevant discussion points to be clarified during the clinical reasoning.

From
The time interval between TCCS (Figure 1, row A) and DSA could not be the responsible of this difference in grading, in our opinion,

To
The time interval between TCCS (Figure 1, row A) and DSA seems not to be responsible of this difference in grading

Figure 1 caption
From
3. T2 MRI with the caudate head lesion
To
3. T2-weighted MRI with the caudate head lesion

From
5. T2 MRI with cortical sulcal damage
To
5. T2-weighted MRI with cortical sulcal damage

From
2. T2 MRI of the left hemisphere with the of the previous infarction
To
2. T2-weighted MRI of the left hemisphere with the signs of the previous infarction

All authors have revised and accepted the final version of the manuscript and provided the consent to the publication.

Thank you for attention.

With kind regards,
Dr. Marialuisa Zedde