Reviewer’s report

Title: An unexpected evolution of a symptomatic mild middle cerebral artery (MCA) stenosis: ultrasound diagnosis and follow-up

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Reviewer: Jens Eyding

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In this manuscript, the unexpected evolution of a formerly symptomatic MCA stenosis to an asymptomatic MCA occlusion is reported. This course, had it happened in the ICA, would not have been surprising, yet the demonstration of such a finding occurring in the MCA has not yet been described in the literature, according to the authors. Indeed, such a course is interesting. However, some aspects need more clarification:

- The title is misleading. Ultrasound as a diagnostic tool is not the novelty in this case, even more so, since the MRI- and angio-findings are much more informative
- It remains unclear which diagnostic effort was undertaken to determine the reason for the stenosis (e.g., vasculitis parameters, lipoprotein [A], IgE, etc.). Has vasculitis been ruled out? Have there been any signs of further stenosis on angio?
- How do the authors explain the distribution of the initial lesions anatomically? Caudate head should be supplied by ACA?!
- Comparing A2 and C3, it seems that the planes were not chosen correspondingly; in C3 it appears to be a complete M1 occlusion without any collaterals in the MCA territory. However, this would simply not be conceivable and, also, not in accordance with the ultrasound findings
- Similarly, C5 needs more interpretation, I cannot see the MCA origin (again, a question of rotational plane?), and a more comprehensive demonstration and discussion of the collateral filling of the MCA territory would be desirable
- The term “anomiae” is unknown to me
- The CE ultrasound examination on video is not more informative than C1

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.