Reviewer’s report

**Title:** Heat Stroke Presenting with Encephalopathy and MRI Findings of Diffuse Cerebral Injury and Hemorrhage

**Version:** 2  **Date:** 9 February 2013

**Reviewer:** UshaKant Misra

**Reviewer’s report:**

1. The patient’s temperature was not high enough, > 40 °C which is necessary the diagnosis of heat stroke. Their patients highest temperature was 100 °C therefore it is difficult to accept this case as heat stroke.

2. Was the patient evaluated for Hashimoto encephalopathy in view of hypothyroidism?

3. The patient in acute stage should be considered for systemic infection with multiorgan dysfunction but is not clear from their description.

4. Table 1 does not add much and may be deleted.

5. What is the explanation for elevated ESR, was it evaluated?

6. Macrocytosis is also not explained, folic acid vitamin B12 and homocysteine levels are important and are not mentioned. In view of hypothyroidism, macrocytosis, very high ESR and encephalopathy (CSF) suggest that other autoimmune conditions should be carefully evaluated before attributing the present clinical picture to heatstroke. DIC and hemorrhage though have been reported in heat stroke but the other causes should be carefully excluded.

7. The details of MRI findings and their basis may be of greater interest to a radiology journal.

8. The authors should in my opinion extensively revise the ms to convince of the diagnosis of heat stroke and rule out other diagnosis.

9. The enhancing lesions in thalamus and cerebellum may be consistent with vasculitis rather than hemorrhage.

**Level of interest:** An article of limited interest

**Quality of written English:** Not suitable for publication unless extensively edited

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

**Declaration of competing interests:**

'I declare that I have no competing interests'