Author's response to reviews

Title: High-resolution MRI Findings in Patients with Capsular Warning Syndrome

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Author's response to reviews: see over
Dear Editor-in-Chief:

First, thank you for your decision to my manuscript (MS: 1067102725107303, High-resolution MRI Findings in Patients with Capsular Warning Syndrome). I have revised the manuscript and make some changes according to the comments of the editor in chief and reviewers. And also we have submitted the revised manuscript online.

1. *The authors should quote an important earlier publication by the same group (Xu et al. Stroke 2011, 42:2957) which described the classification of MCA plaques according to location (superior, inferior, dorsal, ventral).*

   Thank you for this important comment. We have quoted this earlier publication in our manuscript and also added some words regarding the mechanism of MCA plaque location in the discussion.

2. *In their earlier paper, the authors concluded that symptomatic plaques were more likely in the superior location where penetrating arteries were believed to arise. The current finding of ventral location of the plaques is in conflict with their earlier conclusion. Therefore, the authors need to resolve this controversy (e.g. strokes secondary to occlusions of penetrating arteries arising from the ventral wall of MCA present differently compared to those arising from superior wall of the MCA, or ventral plaques may give arise to artery to artery embolism and therefore accounting for the presentation of CWS).*

   Many thanks for this comment. The mechanism of CWS and penetrating artery infarction, which is an increasingly hot topic, has been hypothesized in previous studies but still remains unclear. Even our previous high-resolution study showed symptomatic plaques were more likely in the superior location, there are still around 40% plaques in the ventral location are symptomatic. Thus, our finding in these two cases might not be in conflict with our earlier conclusion. Some penetrating arteries arise from ventral wall of MCA, which can cause symptomatic capsule infarction.

3. *Reference style needs to conform to this Journal’s guidelines.*

   We have revised the references according to the Journal’s guideline.

4. *Minor essential revisions:*
   a. *The DWI and HR-MRI images need to be better reproduced (better contrast) to enable satisfactory viewing.*

   We have revised the images and they look better.
b. A number of typographical errors and suboptimal usages of English need corrections.

   We have revised the manuscript and the manuscript was also modified by an English native speaker.

c. The authors should consider indicating the exact locations of the cross sectional views of the plaque images by a line on the respective angiographic images

   This is a good suggestion and we did indicate the exact location (arrow) of the plaque in the images.

Yours sincerely

Lixin Zhou

Jan 2, 2014