Reviewer’s report

Title: Bilateral infarction of corpus striatum of undetermined etiology in a young woman: a case report and review of the literature.

Version: 1 Date: 2 February 2011

Reviewer: Vijayakumar Javalkar

Which of the following following best describes what type of case report this is?: Other

If other, please specify:

Bilateral basal ganglion infarctions are not very common. Not many case reports are published in the literature.

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: No

Comments to authors:

In this case report authors present a 28 year old lady with bilateral basal ganglia infarctions resulting in rigidity, hypokinesia and severe expressive aphasia. There was no dystonic posturing or abnormal movement. In a study by Peralta et al 2 overall Parkinsonism does not appear to be a frequent consequence of striatal infarcts. In this case report patient presented with features of Parkinsonism (rigidity, hypokinesia).

Numerous causes of bilateral basal ganglion infarction had been described ranging from asphyxia 3, drug abuse 4, head trauma 5, following neurosurgical procedures 6 and poisoning 7.

Queries
The stroke work up in this patient is not comprehensive 1.
Authors cannot classify this case report as cryptogenic nor stroke of undetermined etiology. They cannot make the conclusion that this is a first reported case of cryptogenic bilateral basal ganglia infarction due to the above reason. The authors may need to do changes in the manuscript to reflect this. This is just a rare case report of bilateral basal ganglion infarctions, without comprehensive work up calling it as cryptogenic is not appropriate.
Whatever work up that was done was not elaborated. Merely stating blood tests were within normal reference range is not sufficient.
The literature review by the authors is not sufficient. As highlighted there are other reports with different etiologies with bilateral basal ganglion infarctions. These need to be included in the discussion.
So many images not necessary. Authors can provide a representative CT, MRI (T1, T2 and Flair).
References are required for the statement in the background section “global hypoxia, intoxication and drug abuse”
Glasgow coma scale was 3? Correct to 3/15.


**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**
No competing interest.