Author's response to reviews

**Title:** Acute paradoxical embolic cerebral ischemia secondary to possible May-Thurner syndrome and an atrial septal defect: a case report

**Authors:**

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**Author's response to reviews:** see over
May 5th, 2013

Dear JMCR Editorial Team,

We thank the reviewers and the Associate Editor for their time plus thoughtful and helpful comments. Below is a point-by-point response and all revisions have been highlighted in red within the text of our revised manuscript:

Reviewer: Arbi Ohanian

Overall, the information is interesting and definitely worth reporting. The write up, particularly the case presentation, should be more concise. The report should also be reviewed for grammatical errors.

We agree and have made the case presentation more concise. We have also reviewed the manuscript for any grammatical errors and corrected them.

Reviewer: Mohamed Elsharawi

1-There is no proof that the cause of cerebral infarction was due to May-Thurner. No evidence of DVT. May-Thurner is incidental finding.
2-It is hardly to accept case report without figures.

We agree that proof of the exact cause of cerebral infarction in our patient is lacking and that the findings of May-Thurner may have been incidental. We acknowledge this within the manuscript, and emphasize that there may be a correlation rather than an absolute causality. We have also provided a figure within the revised manuscript of a magnetic resonance imaging scan demonstrating our patient’s infarct.

Editor’s comment:
-You have to respond to comments of both referees.
-You have to explain in more details, absence of remarkable clinical evidence of stroke even on examination the assumed deranged memory on history was not evident. Also, you have to discuss why brain CT was normal while a lesion was detected by MRI.

We have responded to the comments by both reviewers and have explained in more detail within the manuscript the clinical evidence of cerebral ischemia that was observed. We have also discussed why we felt that the brain CT was normal while a lesion was detected on MRI.

We hope that our responses and corrections within our revised manuscript meet with approval.

Sincerely yours,
Richard A. Rison, M.D.