Reviewer’s report

Title: A case of meningococal meningitis with multiple cerebellar microbleeds detected by susceptibility-weighted imaging

Version: 2
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Reviewer: Abdelaziz Elnekidy

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1- Figure one should include a sagittal T1 image with contrast to confirm the diagnosis of pus in the major fissure.
2- Empyema should be in the sub-dural space not in subarachnoid space. Please review line 121 and 122. please review the MRI again to confirm this finding.
3- Line 107, I think this is discussion not conclusions.
4- Line 127 Vergouwen et al, you should put reference immediately after et al.
5- Lines 134 and 135 Bacterial meningitis can induce microbleeds in brain tissue, which can be identified only by SWI… SWI is one of the susceptibility imaging methods in addition to T2 gradient sequences which can also detect microbleeds. Of course SWI is more sensitive but not the only sequence to detect microbleeds.
6- The discussion should refer to microbleeds detected by SWI in other types of non infectious vasculitis and arteriopathy which can support the hypothesis of infectious vasculitis induced by meningitis.
7- The discussion should refer to the possibility of telangectasia as a DD of microbleeds which give very similar appearance by SWI after irradiation, especially that this patient recovered completely without neurological or cerebellar manifestations.
8- Line 134, I think a missing title conclusion should be included.
9- Why the authors did not include a follow up MRI with SWI that can help to differentiate microbleeds from reversible telageactasia.