Dear Dr. Jhonell De Los Santos & Dr. Enrico Premi

We greatly appreciate the excellent comments. Below are our point-by-point responses to the referees’ comments. Thank you again for your time.

Sincerely yours,

Michitaka Funayama, M.D.
Department of Neuropsychiatry, Ashikaga Red Cross Hospital
284-1 Yobe, Ashikaga-city, Tochigi, 326-0843, Japan
Phone: 081-284-21-0121, Fax: 081-284-22-0225, E-mail: Fimndia@aol.com

Minor Essential Revisions.

1. The paragraph under the title ‘Case presentations’ is disorganized and includes redundant information. This paragraph could be shortened and organized (i.e. ethics, consent etc. could be moved to the last section of the paragraph).

   Answer: We appreciate your valuable comments. We shortened the paragraph by omitting the last 6 lines which included redundant information (i.e., They underwent a detailed neuropsychological battery and clinical observation….). Also, Ethics and consent were moved to the last section of the paragraph.

2. Neurological examination could be stated in one sentence for each case.

   Answer: For neurological examination, the following revision was included for each case.
Revision: Neurological examination was normal with no pyramidal, extra-pyramidal nor cerebellar signs.

3. ‘Conclusions’ title needs to be changed to ‘discussion’. Final paragraph of the discussion could be the ‘conclusions’ paragraph.
Answer: We changed organization structure according to your suggestion.

4. In both cases, the sentence below appears to be stuck in the midst of the language examination. I assume that the authors wanted to stress it before the information regarding the repetition, however, I believe it would read better elsewhere.
‘His forward digit span was a maximum of six digits.’
Please move the sentence in the text accordingly as well as the related item in Table 1, and also add the digit span backwards results.
Answer: We agree with you and move the sentence as follows. We also moved the related items in Table 1.
Revision: The maximum length of sentence repetition was five phrases. Non-word repetition was preserved. His digit span was a maximum of six digits forward and five digits backward.

5. Please include the tests for memory and visuoperceptual disorder in Table 1.
Answer: We included the tests for visuoperceptual disorder in Table 1. Because of progressive aphasia, both cases had difficulties assessing episodic memory deficits by using episodic memory tests (e.g., Rivermead Behavioral Memory Test and Wechsler Memory Scale-Revised). From clinical observations, case 1 had episodic memory deficits 2 years postonset, case 2 four years postonset. These observations had already been described in our case presentations. We also added them in Table 1.

6. Please add coronal structural MR images including the hippocampus and maybe one more posterior slice for each case in order to indicate the posterior atrophy.
Answer: We are afraid to say that the structural MR images of the two patients did not contain coronal plane. Instead, we added the horizontal MR image for each case which depicts the hippocampus. According to your suggestion, we also added one more posterior horizontal MR image for each case.

7. I would suggest adding a sentence regarding the absence of CSF findings and PIB scan as a limitation of the cases, and toning down the sentence (regarding AD) in the conclusions section of the abstract.
Answer: We added the following sentence as a limitation of the cases in the conclusions as well as the Discussion section and the Conclusions section of the body.
Revision for abstract and Conclusions: Although our cases lack in CSF findings and PIB scan, these two cases and previous reports might suggest that the
existence of a subgroup of patients presenting with trascortical sensory aphasia, apraxia, and posterior symptoms (acalculia, agraphia, and visuospatial deficits) in the setting of Alzheimer’s disease.

Revision for the Discussion: Although our cases lack in CSF findings and PIB scan, the clinical features of this case most likely suggest Alzheimer’s disease.