Author’s response to reviews

Title: Clinical and radiological factors associated with unfavorable outcome after intravenous thrombolysis in patients with mild ischemic stroke

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Response to the Reviewers’ Comments

We highly appreciate the thoughtful comments on our paper. The authors agree to the points the reviewers have made. We provide responses to the reviewers’ comments below.

N.B. Texts written in blue are the verbatim of reviewers’ comments. The authors’ responses are described below each comment. The changes of the paper are highlighted with a yellow color.
1. Page 6 line 155: Why are only males mentioned here when the study did include a small number of women? Along these lines, were there differences observed between men and women in the study? The data is collected, so this should be a simple question to answer and possibly include in an expanded Table 2. The major limitation to the study is the lack of women. Since this is a retrospective study this is not a fault of the authors, rather it needs to be addressed in the manuscript.

Response: We mentioned a number of women in revised manuscript as follows; Finally, 121 patients (85 men and 36 women; mean age, 63.4 ± 11.3 years) were included in the study (Fig. 2).

There was no statistically significant difference between men and women except for smoking rate.

We included gender as variable in our original manuscript and revised Table 2 as follows:

We agree with the reviewer #2’s opinion. We added the imbalance of sex ratio as major limitation in the discussion section. Limitations to using clinical registry data may include the introduction of bias in patient selection including the imbalance of sex ratio in this study.

2. Discussion section: There is no description of what these results mean in terms of how this data can be used to HELP reduce unfavorable stroke outcomes in patients who show these specific conditions/DWI findings. Yes, the authors are able to identify these factors, but there is no mention of follow-through. Should these patients be monitored more closely after rt-PA treatment? I think this section in the paper needs to be expanded.

Response: We totally agree with the reviewer #2’s opinion. We also added clinical implication of this study In discussion section as follows; These results may have important clinical
implications. Previous study has shown that rt-PA use in acute lacunar stroke does not affect END [24]. Thus, special attention should be paid to patients with infarcts in the perforating territory, even when they show mild neurological deficits at the time of presentation and after rt-PA therapy.

3. Figure 2 needs works: Expand flow chart to include binning patients into Group A or B. This will make the grouping of these patients easier to understand.

Response: According to Reviewer #2’s comment, we expand flow chart to include the number of patients in Group A and Group B.

4. Table 1: Why are the stats for Males not included in the table while the stats for females are included?

Response: We included the stats for males in Table 1.