Author’s response to reviews

Title: Vasospasm and delayed cerebral ischemia after uneventful clipping of an unruptured intracranial aneurysm - a case report

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Author’s response to reviews:

We thank the editor and the reviewers for their comments, which helped us to improve the manuscript. We believe that we have addressed all of the questions and issues they raised, and by doing so, clarified our results and conclusions.

Reviewer 1:

This is an interesting case report which is, in fact, uncommon, but not that rare. The reviewer can also recall one such case from his recent practice. Someone is curious to know more about the past medical history of this 69-year-old patient especially regarding pre-existent vascular disease since this likely also contributed to the delayed presence of vasospasm. Moreover, maybe the authors should have been more aggressive in an attempt to prevent the occurrence of vasospasm postoperatively, even if surgery was uneventful. It also recommended to modify the structure (and sequence of events) in the case presentation section since, in its current form, it creates some confusion to the reader.

Please, see comments below.

Reviewer 3:
1. I suggest that the authors restructure the case presentation by first describing all clinical findings and investigations upon admission for the DCI and by then giving full account of the patient's recent neurosurgical history. Therefore, in page 4, lines 3-24 will be placed at the end of the section. Therefore, the TCD findings and the intra-arterial angiography findings documenting MCA vasospasm will be presented after the CT/CTA description upon admission. The patient's clinical course (page 4, lines 40-50) should better be placed at the very end of the section.

The manuscript has been restructured according the recommendation of both reviewers.

2. In figure 2, there should be only a depiction of the MCA vasospasm along with an image of the plain CT upon admission depicting the MCA infarction. The intraoperative image is redundant and should be removed (the authors may wish to replace the intraoperative image in figure 1 with that of figure 2). I am not sure that the MCA vasospasm is evident from the zomed in image. Please use a zoomed out image comparable to the preoperative one in figure 1 so that the readers can compare. The re-ordering of the case description will also result in changing the figure order.

The images were revised according the suggestions.

3. The CT scan upon admission reveals a major MCA infarction. Please provide the NIHSS score upon admission in the text. It is also remarkable that despite the major infarction, the patient had had a rapid and full recovery. This rapid recovery would not be expected if the patient had a major MCA infarction regardless of vasospasm regression. The authors should provide the CT image and make a relevant comment in the discussion. Did the patient underwent a follow up MRI (or at least a CT) to evaluate the final infarct volume? Please provide the relevant data, if available.

The requested information (NIHSS, MRI, CT, …) were provide within the text and Figure 1.