Author’s response to reviews

Title: Isolated hypoglossal nerve palsy from internal carotid artery dissection related to PKD-1 gene mutation

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RE: Isolated hypoglossal nerve palsy from internal carotid artery dissection related to PKD-1 gene mutation

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Dear Editors,

Thank you for the timely processing of our manuscript.

As you suggested, we studied comments carefully and made corresponding changes to the manuscript, which were highlighted. A list of responses to reviewers was attached for your reference.
Please extend our thankfulness to the reviewers, with whose suggestions make the improvements of this manuscript became possible.

With regards,

Minghua Wu

Responds to the Reviewer’s Comments

Peter Appelros, MD PhD (Reviewer 1):

In the Abstract, section Background, there seems to have come up an error: "internal carotid artery dissection CAUSED BY hypoglossal nerve palsy". Please correct.

Response: Thank you for your careful reading. We have corrected this error: “internal carotid artery dissection induced hypoglossal nerve palsy”. (page 3, line 4)

Maurizio Acampa (Reviewer 3):

This paper presents an interesting case of symptomatic internal carotid artery dissection related to PKD-1 gene mutation.

The paper needs some language corrections.

Response: Thank you for your careful reading. The language was now revised thoroughly. Many typos and rhetorical errors were corrected and highlighted in yellow.
I have the following comments:

1) It would be interesting to know if, in the present case, there were other renal and extrarenal abnormalities associated to PKD1 mutation (see Bergmann C. Nature Reviews Disease Primers volume 4, Article number: 50 (2018)).

Response: Thank you for your careful reading and helpful suggestion. We performed an abdomen CT scan and did not find the polycystic kidney disease, however, multi small liver cysts were found which may be associated with PKD1 mutation (Supplemental Fig. 1). We have described this finding at “Case Presentation” section (page 5, line 22, highlighted in green).


Response: Thank you for your helpful suggestion. We also found a tortuous right basilar artery (Fig. 2, D) cross the midline to the left, which may indicate the weakness of the vascular wall. We described this finding at figure legend (Fig. 2), and have added this finding at “Case Presentation” section (page 5, line 10, highlighted in green).