Author’s response to reviews

Title: Subarachnoid haemorrhage due to intracranial vertebral artery dissection presenting with atypical cauda equina syndrome features: case report

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Response to reviewers

We thank the reviewer for their comment. This has been responded to below (page and line numbers refer to the tracked version of the manuscript).

Reviewer 1:

Comment 1

“In Discussion section, please provide your speculation on the mechanism why the patient had not sustained any headache or neck stiffness after heavy lifting.“

P7 L11 (Discussion)

The initial absence of headache or neck stiffness in our case is unclear. It may reflect a combination of severe pain elsewhere (distraction) and confusion. Alternatively, it could be that the headache developed due to redistribution of blood products. In a series of 8 patients with spinal SAH, 25% also had cortical/convexal SAH (cSAH).[13] In our case, a convexal/subconvexal focus of blood affecting the parietal lobule was seen, which could explain why the patient developed headache, facial nerve palsy, and confusion.