Reviewer's report

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

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Reviewer: Joji Inamasu

Reviewer's report:

1. The authors speculated that the facial N palsy might have been due to the VA dissection and SAH. Curiously, the authors did not present MRI at the level of upper brainstem (i.e., around the facial N nucleus) in Figure 2: it may show the anatomical relationship between the facial N and the VA dissection. I suggest that the authors modify the Figure 2 by providing an MR image at the upper brainstem level.

2. In Figure 1 (lumbar spine MRI), the presence of spinal SAH could not be seen. Meanwhile, the authors stated that diffuse FLAIR hyperintensity was seen on the cervicothoracic spine MRI. I suggest that the authors add a cervicothoracic spine MR image to Figure 1 to prove that diffuse SAH had actually been present in the spinal canal.

3. Regarding the clinical course, the facial N palsy was preceded by symptoms of the cauda equina injury. Considering the fact that the facial N is anatomically close to the enlarged VA, one might rather think that the facial N palsy would develop first when the VA dissection occurs. Why did the symptoms of the cauda equina injury develop prior to the facial N?

4. Ruptured VA dissections have a risk of rebleeding, and in many neurosurgical institutions, they will be treated with IVR to prevent rebleeding. While the authors described that [neurovascular multi-disciplinary team (MDT) meeting where conservative management of the VAD was advocated], I think it was lucky that the patient did not sustain rebleeding. I suggest the authors to explain for what reason conservative management had been considered safe in this case.

5. The authors need to indicate whether consent for publication was granted by the patient (or by their family).

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

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