Author’s response to reviews

Title: A CASE OF TWENTY AND HALF SYNDROME: A CASE REPORT

Authors:

Mukesh Dube (dube_mukesh@yahoo.com)
Ronak Dani (ronak.dani@gmail.com)
Ayush Dubey (ayushdubey2@yahoo.co.in)
Dinesh Chouksey (dineshmd09@yahoo.com)

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Title: A CASE OF TWENTY AND HALF SYNDROME: A CASE REPORT

Respected Sir, Greetings, I thank all the reviewers for their comments. I have gone through all the comments and none of the comments requires any explanation. They have also not given any additional comments for me to answer. I thank you all again for this response. I am enclosing the reviewer's comments

Reviewer reports:

Reviewer #1:

1. Do you believe the case report is authentic?

Yes

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.

Comments: No
3. Does the Introduction explain the relevance of the case to the medical literature?

Yes

4. Does the article report the following information? Where information is missing, please specify.

a. The relevant patient information, including: Yes
- De-identified demographic information (age, gender, ethnicity)
- Main symptoms of the patient
- Medical, family and psychosocial history
- Relevant past interventions and their outcomes

b. The relevant physical examination findings: Yes, in a very extensive way

c. Important dates and times in this case: Yes

d. Diagnostic assessments, including: Yes
- Diagnostic methods
- Challenges (e.g., financial, language/cultural)
- Reasoning and prognostic characteristics (e.g., staging), where applicable

e. Types and mechanism of intervention: Yes

f. A summary of the clinical course of all follow-up visits: Yes

Comments:

This case report deals with a syndromatic construct not previously reported in neurological literature, the data about presentation, diagnostic workup, approaches and treatment options are clearly depicted in the manuscript

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?

Comments: Yes
6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Yes

7. Is the Abstract representative of the case presented?

Comments: Yes, in a concise manner

8. Does the case represent a useful contribution to the medical literature?

Comments: Clearly a new description of a conjunctural diagnosis (i.e. the sumatory of multiple neurological findings).

Considering the presentation of this case, the key message is that a myriad of alterations could pass in front of our eyes, or may be we don’t look sistematically for them. The authors had made a big effort with this new syndromatic construct derivated from small vessel disease.

9. Additional comments for the author(s)? No

Reviewer #2:

1. Do you believe the case report is authentic?

Yes

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.

Comments:
3. Does the Introduction explain the relevance of the case to the medical literature?
Yes

4. Does the article report the following information? Where information is missing, please specify.
   a. The relevant patient information, including:
      - De-identified demographic information (age, gender, ethnicity)
      - Main symptoms of the patient
      - Medical, family and psychosocial history
      - Relevant past interventions and their outcomes
   b. The relevant physical examination findings
   c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at $T = 0$, follow up at $T = 1$ month.
   d. Diagnostic assessments, including:
      - Diagnostic methods
      - Challenges (e.g., financial, language/cultural)
      - Reasoning and prognostic characteristics (e.g., staging), where applicable
   e. Types and mechanism of intervention
   f. A summary of the clinical course of all follow-up visits

Comments:
I consider none information is missing.

Thanking you,

DR MUKESH DUBE