

Clinical and radio-angiographic features of pediatric moyamoya disease in Bangladesh.

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Type of the review: Anonymous Reviewer/Disclosed Author

MECHANICAL EDITING

Comment 1

Format the manuscript according to the journal's guidelines. Insert line numbers for better editing. Provide word counts at the bottom of the title page.

Response

We have formatted accordingly. Please see the revised file.

Comment 2

Ensure that all references are given as per Vancouver style. List all authors (no et al.). Provide DOIs for all journal articles. In its absence, provide PMID.

Response

We have formatted accordingly. Given DOI and given all author's name.

TECHNICAL EDITING

Round 1
22 October 2023

Reviewer's comments

Comment 1

Strengths and limitations of this study are not mentioned.

Response

Mentioned in the discussion section.

Comment 2

Tables should be formatted according to the journal's guidelines with footnote. Mention, from which relationship the P value is calculated.

Response

As advised, we have revised the tables according to the journal's guidelines and given at the end of the manuscript as a single file.

Comment 3

Add the *P* value level considered for significance.

Response

We have added in the statistical part under "Methods" section. Which is like as below:

" $P < 0.05$ was considered as statistically significant."

Executive Editor's comments

Comment 1

The title has three clauses. Drop the last clause.

Response

Thank you so much for the comments. We have revised the title and now looks like as below:

“Clinical and radio-angiographic features of pediatric moyamoya disease in Bangladesh”

Comment 2

Abstract: Please acronyms as minimum as possible.

Response

We have moved as suggested.

Comment 3

The Methods section should clarify the use of Suzuki staging criteria because it has been used in analysis.

Response

Thank you so much for the advice. We have clarified in the Methods section, which is as follows:

“The MRA findings were categorized using Suzuki staging as follows: Stage I- narrowing of the carotid fork; stage II: initiation of the moyamoya, dilated ACA, MCA and narrowed ICA [write full names] bifurcation with moyamoya change; stage III: intensification of the moyamoya, further increase in moyamoya change of the ICA bifurcation and narrowed ACA and MCA; stage IV: minimization of the moyamoya, moyamoya change reducing with occlusive changes in ICA and tenuous ACA and MCA; stage V: reduction of the moyamoya, further decrease in moyamoya change with occlusion of ICA, ACA and MCA; stage VI: disappearance of the moyamoya, ICA essentially disappeared with supply of brain from ECA.”

Comment 4

Statistical analysis should mention the choice statistical tests.

Response

We have explained the statistical analysis under methods section in a separate paragraph. Also explained the statistical test were used for which type of variables.

Comment 5

Results: Age data are skewed. Kindly provide median and interquartile range.

Response

We have reflected in the table and text accordingly.

Comment 6

Table 1: add number of subjects for recurrent stroke patients (as given for 1st stroke).

Response

Addressed in Table 1.

Comment 7

Table 2&3: Remove all % sign, add % sign to column headings instead.

Response

Revised table 2 and 3 accordingly.

Comment 8

Figure 2 title should be Figure 1. Its vertical axis could better provide percent of patients, and column data levels could have % only. The horizontal label should be "Suzuki stages"..

Response

Revised that figure accordingly.

Comment 9

Start the Discussion with your summary finding in one or two sentences. Provide here your selling points.

Response

We have revised and now looks like as follows:

“Moyamoya disease is a chronic, occlusive disorder of cerebral vessels causing stroke in children and adults. It is an important cause of recurrent stroke in pediatric population.¹⁵⁻¹⁷ The key finding of the study was loss of consciousness and developmental regression was significantly high in recurrent moyamoya disease. While none of the patients of recurrent group had normal MRI of brain which provide emphasis on the importance of neuroimaging in diagnosis. In the group of recurrent MMD, the majority of the patients had stage III Suzuki staging.”

Comment 10

Divide the Discussion in to two arbitrary subsections, clinical and neuroimaging features as outlined in your objectives. This will make your storytelling attractive. Avoid providing so much results. Rather, provide evidences given by others. In other words, you should keep the numbers as minimum as possible.

Response

Thank you so much for the advise. We have addressed as instructed. We discussed in line with the study objective.

Round 2
02 December 2023

Comment 1

The following copyediting has been made by the editorial team. Please check meticulously and agree with the revision. Also provide few information as marked “Yellow”.

1. Tables: Revised and re-analyzed all tables. Previously row percents were given (First stroke vs Recurrent stroke). Now column percents are given. Checked the all *P* values (except continuous data), given foot as appropriate.
2. Abstract: Revised in line with new analysis. Please revise the conclusion.
3. Introduction, Methods: Copyedited to improve readability. Please agree.
4. Results: Revised in line with new analysis. Please check the explanation of Figure 2 and agree.
5. Discussion: Please revise discussion in line with new analysis.
6. Conclusion: The message need to be clear and specific. Major revision is required.

Response

Thank you so much for editing. It has improved the manuscript. For most of the cases we are agree. The work has nicely done. We have revised where instructed. Please see the revised version.

Round 3
07 December 2023

Executive Editor's comments

Comment 1

To make better understanding please provide the median and interquartile range of age and age at onset for both 1st and recurrent stroke in Table 1. Revised the results in abstract, and main text.

Response

Thank you so much for the comments. We have given the median and interquartile range as mentioned and tuned in the text (abstract and main text).