Dear Reviewer A:

**“The MRI images should be shown and be described more accurately – was there enhancement or restricted diffusion?”.**

This patient was treated in the “Hospital do divino espírito santo” in Azores, and the brain MRI there does not have that functionality. It can only be done in T1, T2 and T2 flair, so I am afraid I’m unable to answer that question.

“**Other explanations for this clinical scenario of stroke-like episodes with epileptiform discharges shown in the EEG should also be included, such as MELAS, lymphoma, vasculitis, among others”**

These differential diagnoses were not considered in the article because they were not substantiated by clinical findings. In relation to MELAS, there is no family history and the lesions are not typically vascular (the lesions improve and worsen, and the shape and size are not suggestive of a vascular cause). As for vasculitis, although there was never performed a direct exam at the brain vessels, cervical CT angiography does not show any findings suggestive of vasculitis vessels injury, like thrombi, aneurysms, atherosclerotic plaques, ectasias or parietal thickening. Also the lesions are confined to a territory and do not obey a more diffuse pattern of vasculitis. As for lymphoma, due to the evolution and exams he did, there was never anything to suggest it (Thorax CT was normal, without analytical changes).