REVIEWER A

**The authors significantly revised the manuscript. While it is customary to
perform a point by point reply to reviewers, the authors chose not to do so.
Regarding the overall manuscript, the authors build a stronger case towards
their hypothesized diagnosis. However, in my opinion, significant
improvements can still be made to the manuscript.**

**Clinical points that require further information:
- Was the patient on any long-term immunotherapy after the second discharge?**

No, the patient was not given long-term immunotherapy after the second discharge.

  **Is there any follow-up MRI that shows a reversal of imaging changes after
the steroid/IVIG course?**

Yes, he did an MRI in august that showed reversal of imaging changes. I added that MRI to the manuscript.

**- Please clarify HSV 1-8. Do the authors mean HHV 1-8? Even so, it would be
unclear why one would test for Kaposi Sarcoma virus (HHV8) in the CSF, or
rare (unseen?) pathogens in Portugal, such as Anaplasma.**

The patient was tested for Herpes simplex virus 1 (HSV-1), herpes simplex virus 2 (HSV-2), human herpes virus 3 (HHV-3), Epstein-barr virus (HHV-4), cytomegalovirus (HHV-5), HHV-6 e HHV-7 and even, yes, HHV-8

**- I cannot find literature references for Anti-MAD antibodies. Can you spell
out the antigen?**

It was a spelling mistake; it was meant to be written “Anti-MAG antibodies” - anti-Myelin-associated glycoprotein (MAD) antibodies, to exclude demyelination diseases.

 **- Further details should be given regarding the improvement brought about by
the steroid/IVIG treatment.**

He progressively showed some slight improvements in speech and motor functions (ability to follow commands, articulate words, and phrases, improved spatial and self-orientation), with successful treatment of the complex partial status epilepticus

 **Figure legends: The timing of each MRI should be part of the legend.**

I have added the timing of each MRI**Furthermore, the manuscript needs mild improvements regarding grammar and
spelling, especially in the last 2 paragraphs of the case description.**

The manuscript has been revised in terms of grammar and spelling.  **An additional point is that the table reviewing the different types of
antibody-mediated AE can be removed without reducing the manuscript quality.**

That table was not on the original manuscript and was added because another reviewer thought it would add content to the manuscript, but I agree that it can be removed without reducing the manuscript quality.  **\_\_\_\_\_

REVIEWER B

Significativa melhoria do artigo com as alterações efetuadas.
Sugiro ainda:
Resumo: corrigir diagnostico por diagnóstico (várias vezes ao longo do
resumo)
Introdução: - 1º paragrafo – parêntesis não está fechado.**

Já corrigido no manuscrito. **Case Presentation:
- no 5º paragrafo substituir paroxistic por paroxysmal;**

Corrigido.  **- 6º paragrafo – ac anti-MAD??;**

Foi um erro, deveria ler-se ac anti-MAG – glicoproteína associada à mielina.

 **- Há resultado das bandas oligoclonais?**

Não temos resultado das bandas oligoclonais contudo, foi procurado anti-MAG – glicoproteína associada à mielina, para excluir doenças desmielinizantes como a esclerose múltipla.

 **- 7º paragrafo – retirar “without corticotherapy or immunosuppression,
but” ou explicar porque não foi iniciado**

Retirado.

 **Discussion:
- final da 1ª frase – retirar “in the CSF” ou colocar “in blood and
CSF” (pois por ex. anticorpo anti-LGI1 geralmente é detectado no sangue e
não no LCR)**

Substitui por “in blood and CSF”. **- no 5º paragrafo, 4ª frase sugiro alterar para: “…****Therefore, in
suspected patients of AIE based on probable diagnosis, it is recommended to
start first line immunotherapy which consists of methylprednisolone, IVIG
and/or plasmapheresis (there is no strong evidence of a difference in
efficacy between IVIG and plasmapheresis). First line immunotherapies can be
given sequentially if no improvement is shown.”**Frase alterada.

 **Tabela:
- Na secção CASPR2 – polineuropatia deveria ser polyneuropathy

Also, I would like to recommend activate the Word option of "track changes"
in order to allow a simpler and faster further revisio**n by reviewers.