Dear Editors and Reviewers,

Hope this email finds you well.

I should like to express my appreciation to you for suggesting how to improve our paper. Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. We are sending the revised manuscript according to the comments of the reviewers and editors. Revised portion are in red.

[1] Answers to the reviewer 1,

Response to comment: (Dear Authors, this is an interesting case of a rare encephalitis with an uncommon clinical presentation. Please provide the normal range of all laboratory parameters presented in your manuscript. A language revision should be also conducted by a native English speaker. Best Regards.)

Response: We have provided the normal range of all laboratory parameters. The sentence is “All listed blood investigation results were within normal ranges, for example: her white blood cells count was within the normal range at 7.2 × 10⁹/L (normal range: 3.5-9.5 ×10⁹/L), platelet count was 180×5×10⁹/L (normal range: 125-350×5×10⁹/L) , hemoglobin was 146 g/L(normal range: 130-175 g/L), creatinine was 82 µmol/L (normal range: 57-111 µmol/L), urea was 365 µmol/L (normal range: 202-416 µmol/L), glucose was 5.84 mmol/L (normal range: 3.9-6.1 mmol/L), plasma potassium was 3.9 mmol/L(normal range: 3.5-5.3 mmol/L) , alanine aminotransferase was 35 U/L (normal range: 9-50 U/L), her triglyceride level was 0.9 mmol/L (normal range: 0.0-2.26 mmol/L), gamma glutamyl transpeptidase was 37 U/L (normal range: 10-60 U/L) , aspartate aminotransferase was 25 U/L (normal range: 15-40 U/L) , albumin was 42 g/L(normal range: 40-55 g/L) , cholesterol was 2.55 mmol/L
(normal range: 0.0-5.2 mmol/L), lactate dehydrogenase was 174 U/L (normal range: 120-250 U/L), thyrotropin was 1.36 mIU/L (normal range: 0.55-4.78 mIU/L), free thyroxin was 17.93 pmol/L (normal range: 11.50-22.70 pmol/L), free triiodothyronine was 4.4 pmol/L (normal range: 3.50-6.50 pmol/L), creatine phosphokinase was 51 U/L (normal range: 0-171 U/L), and C-reactive protein was 3 mg/L (normal range: 0-6 mg/L). Lumbar puncture examination of the cerebrospinal fluid (CSF) revealed a pressure of 200 mmH\textsubscript{2}O (normal range: 80-180 mmH\textsubscript{2}O). CSF analysis revealed the following: 12 nucleated cells/mL (normal range: 0-5 nucleated cells/mL); glucose 3.76 mmol/L (normal range: 2.5-4.5 mmol/L); protein 0.38 g/L (normal range: 0.15-0.45 g/L); and chloride 116.7 mmol/L (normal range: 116-130 mmol/L). NMDAR antibodies were detected in the CSF.

There was a language revision of our manuscript had been conducted by AJE. Besides, Editing Certification will be submitted.

[2] Answers to the reviewer 2,

Response to comment: (The authors present a case with anti-NMDAR encephalitis and laryngospasm. This case report is of interest because laryngospasm is a rare clinical manifestation of anti-NMDAR encephalitis. The manuscript is clearly written. However, I have the following two comments: 1. In discussion, the authors may consider elaborating more about the general prognosis of the disease. 2. The authors may consider mentioning a new treatment option with Bortezomid (1). (1) Scheibe et al., Neurology 88 (4), 366, 2017.)

Response: 1. In discussion, we have add elaborating more about the general prognosis of the disease. The added sentence in our manuscript is “With immunotherapy and in cases of neoplastic tumor removal, this disorder is reversible. Early initiation of treatment is associated with a more favorable clinical outcome, underscoring the
importance of an early diagnosis. With proper treatment, most patients can slowly obtain a full or a nearly full recovery. However, recovery may take 2 years or longer, and not all patients can return to their former levels of cognition and motor function.”

2、We have read Scheibe et al’s thesis carefully, and add sentence in our manuscript is “Bortezomib treatment showed clinical improvement or disease remission in patients with delayed treatment response or resistance to standard immunosuppressive and B-cell-depleting drugs (corticosteroids, immunoglobulins, plasma exchange, immunoabsorption, rituximab, cyclophosphamide).”

[3] Answers to (ABBREVIATIONS In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.)

Response: We have carefully checked Title, Running title, Abstract, Key Words, Core Tip, Main Text, Article Highlights, Figures, and Tables. And these all meet the requirements.

[4] Answers to (EDITORIAL OFFICE’S COMMENTS)

Authors must revise the manuscript according to the Editorial Office’s comments and suggestions, which are listed below:

(1) Science editor:

The manuscript has been peer-reviewed, and it’s ready for the first decision.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors. Before final acceptance,
uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author’s intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is ‘original’, the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2023. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: https://www.referencecitationanalysis.com/.

Response: (1) Science editor:

We have studied comments carefully and have made correction which we hope meet with approval.

(2) Company editor-in-chief

We have changed Figure 1 and Figure 2 into “Figure 1. Brain MRI revealed abnormally high signals in the left frontotemporal parietal occipital cortex and subcortical area. A: T2-weighted images (T2WI). B: fluid-attenuated inversion recovery (FLAIR) images.”

We have provided the original figure document using PowerPoint and added the following copyright information(Copyright ©The Author(s) 2023) in the bottom right-hand side of PowerPoint (PPT).
Thanks to Company editor-in-chief for let us know the new tool-the RCA, and we visited RCA database and obtained more information and improved the content of our manuscript.

Yours sincerely,

Lu Wang, Hong-jun Su, Guan-jie Song,

Tianjin Baodi Hospital