Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** Headache is one of the most common complications following spinal anesthesia for surgery, often related to a decrease in cerebrospinal fluid. However, headache after viral meds is a rare, reported cause in the literature (NEJM-2000). The authors have made outstanding arguments and are well prepared for this paper. --- In this article, I consider that the indication for PCR and bacterial culture is the most important decision to find the cause of the disease. Therefore, this must be emphasized in the discussion and conclusion.

**Response:** Thank you for the comment. We have emphasized the need for early CSF examination with PCR and culture in the Discussion and Conclusion.

**Discussion**

‘For early diagnosis, CSF examination with PCR and culture should be performed if the pattern of headache after spinal anesthesia does not match the characteristics of PDPH and if no evidence of increased intracranial pressure or cerebral hemorrhage is revealed on brain computed tomography.’

**Conclusion**

‘In conclusion, in patients with post-spinal-anesthesia headache, clinicians should consider multiple etiologies and perform PCR and culture test on CSF to diagnose or rule out meningitis. This way, the patient’s symptoms can be resolved through rapid diagnosis and treatment.’

Reviewer #2:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** In this case report, the authors described a case of VZV viral meningitis after spinal after spinal anesthesia for varicose vein stripping surgery. This case report is well written, and it has clinical significance for clinicians in the field, especially for the differential diagnosis of post-spinal-anesthesia headache. The authors may discuss the potential etiology for such infection and the prevention strategies. I think this case report could be published after minor revision.

**Response:** The potential etiology of VZV meningitis is reactivation of VZV that was latent in the dorsal
root ganglion. We have discussed the potential etiology of VZV meningitis on page 8 lines 22-24. If a patient has shingles with dermatomal eruption, spinal anesthesia should be avoided. The primary prevention strategy is VZV vaccination.

We have not discussed the prevention strategies because they are commonly known.

In South Korea, over 60-year-old people are recommended to undergo VZV vaccination.

Reviewer #3:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** thank you for providing me to review the case report. please describe the drug history. please consider CT Scan (or MRI) Image and report.

**Response:** We have added the drug history in “History of past illness.”

'The patient had a history of hypertension and dyslipidemia, which were treated with candesartan cilexetil 8mg and rosuvastatin 5mg, respectively, PO once in a day.

Brain CT revealed no specific lesion. Thus, we omitted the CT image in the manuscript.