Dear Editors and Reviewers,

Sorry for the delay due to a lot of other work we are working on and the MRI image searching in radiology department.

Thank you for reviewing our manuscript to JBTR for publication consideration.

Revisions and author comments are attached below in response to reviewer comments.

**Authors' revisions and comments:**

We added co-authors who are experts in neurologic MRI readings.

**Revisions and comments to Reviewer 1**

SECTION I: Comments per Section of Manuscript

1. Abstract:

Background too wordy. Should be focused on the SSDH, mention the incidence, and why it becomes a case report. It is it’s svereity? Rare case? Interesting? Or anything that can be a background why rhis case is going to be published.

🡪 revision: Abstract, page 0, paragraph 1, line 5-6: “People with congenital clotting disorders such as hemophilia are at increased risk for experiencing spontaneous spinal subdural hemorrhage at unusual sites, which is a rare case and a neurological emergency required urgent recognition.”

1. Focusing Introduction:

Avoid redundance!

Can be started from Hemophila and its impact to clinical condition incl. SSDH and its clinical manifestation. Diagnostic tools

🡪 revision: page 1, paragraph 1, line 1.

“Hemophilia is an inherited hemorrhagic disorder…”

🡪 revision: page 1, paragraph 1, line 5-8.

“Despite its rarity, spinal subdural hematoma (SSDH) is a neurological emergency, required urgent recognition. It can cause a paralysis, a weakness or partial loss of muscle function for one or more muscle groups that may impaired mobility of the affected part.[2, 3]

🡪 revision: page 1, paragraph 2, line 1-4.

The burden of the disease was not only caused by neurological deficits and physical impairment due to spinal cord injury, but also from serious psychosocial problems. Often neglected, symptoms, signs, and possible causes of spinal cord injury in children needed to be assessed carefully to avoid diagnostic and treatment delay of this medical emergency.[4] Early diagnosis and treatment improves outcome.[5]

1. Results:

Be consistence to mention abbreviation and or full form. Please mention the dose in standardized formula (i.e. U/KgBW/day) etc. For thr medication given. FVIII, tranexamic acid.

🡪 revision: page 1, paragraph 5, line 10-11, and page 2 paragraph 2

* + Fe supplementation 1,5 mg/kgBW/day and factor VIII transfusion (30 IU/kgBW/12 hours).
  + … intravenous injection of tranexamid acid 10 mg/kgBW/8 hours, factor VIII 50 IU/kgBW/8 hours,

1. Discussion:

Avoid redundance.

In this section must tell the comparison between the case vs. Other case in the literature, incl clinical findings, diagnostic tools and treatment with pros and cons.

🡪 revision: page 2, paragraph 3-7

SECTION II (Cont.)

1. Others: Pictures should be in high resolution and high quality ! includini of setting brightness and contrast

🡪 We've been trying to find high-resolution images, but unfortunately the original files couldn't be found for some reason, and the original physical film was brought by the patient's parents who we couldn't contact them. For that, we apologize that the images cannot be in high resolution. Hopefully it's still acceptable. Thank you.

SECTION III: Grammar Issues

1. Abstract:
   * Need to be revised (minor to moderate) in all sections ( abstract, case report, discussion and conclussion.
   * Avoiding redundance, mention number, explainin abbreviation

🡪 revision: page 0, paragraph 1-3.

Reviewer 2

**SECTION I: Comments per Section of Manuscript**

1. General Comment: Good case report, but needs additional data on Imaging and questioned laboratory data

🡪 revision: page 1 paragraph 5, and page 2 paragraph 1.

1. **Abstract: Fair**
2. Introduction: Fair
3. Methodology: Not a research paper
4. Results:
   1. Diagnostik suatu hematoma (DD: Hygroma/ Fluid Collection; Abses), harus dilihat pada setidaknya DUA sequence, yaitu T1 Image dan T2 Image.

🡪 Revisi, page 1 paragraph 5 line 1-2 dan line 5-9, dan page 6-7: T1 dan T2 image sudah disertakan, image yang sebelumnya diganti.

* 1. Zat kontras TIDAK DIPERLUKAN untuk menegakkamn dioagnosa suatu hematoma.

🡪 Revisi, page 7: gambar T1-kontras telah diganti.

* 1. Usia suatu hematoma ( AKUT, SUBAKUT, atau KRONIK), selain diperkirakan dari Time Sequence/ perjalanan penyakitnya) juga, harus BISA DIKONFIRMASIKAN dengan membandingkan INTENSITAS LESI pada T1 Image dan T2 Image nya

🡪 Revisi, page 1 paragraph 5 line 1-2 dan line 5-9: kami perbaiki dengan menambahkan interpretasi pada hasil MRI.

* 1. Foto Axial, perlu penjelasan Sequence nya apakah T1 atau T2

🡪 Revisi, page 7: telah kami perbaiki, menampilkan gambat T1 dan T2 aksial.

* 1. Foto Axial ini Penting untuk menentukan Lokasi hematoma apakah Subdura atau Epidura, jadi perlu petunjuk dan keterangan yang lebih banyak tentang posisi duramater, Hematoma, dan Spinal Cord nya.

🡪 Revisi, page 1 paragraph 5 line 6-9: telah kami perbaiki, dengan menambahkan interpretasi dari foto aksial tersebut.

* 1. Foto MRI menggambarkan SSDH pd aspek anterior (thd Medulla Spinalis) C1 s/d T9, lalu SSDH pd aspek posterior T10 s/d L1. Disini perlu penjelasan mengapa/ kenapa Tindakan Laminektomi/ Hemilaminektomi dilakukan hanya pada Level V. T10 saja sebagaimana yg diinformasikan (pada Tindakan Bedah Saraf nya)

🡪 Jawab: Subdural hematoma yang ada di C1 s/d T9 berhubungan dengan yang ada di T10 s/d L1, sehingga mengeluarkan cairan hematoma dari segmen vertebra C1-L1 cukup dilakukan pada T10.

🡪 Revisi, page 1 paragraph 6 line 2, dan page 2 : telah kami tambahkan bahwa lesi tersebut terhubung.

Laminectomy was performed on day 8th of admission, made by incision only on 10th of thoracic spine because the SSDH in the two locations were connected.

* 1. Hasil Analisa LCS, menunjukkan keadaan yang tidak normal (Protein 199.6 mg/dL, glucose 94 mg/dL, PMN 37 cells/μL, MN 47 cells/μL, erythrocyte 723,000 cells/μL); ini perlu dijelaskan BETULKAH ini LCS atau CAIRAN HEMATOMA, karena Protein TINGGI dan Eritrosit yang AMAT TINGGI pd LCS hanya terjadi pada PERDARAHAN SUBARAKNOID, dan BUKAN SSDH

🡪 Setelah kami buka lagi laporan operasi, memang yang diambil sebenarnya adalah cairan hematoma, namun diperiksa laboratorium seperti halnya memeriksa LCS. Jadi analisa LCS ini sebenarnya adalah hasil analisa cairan hematoma.

🡪 Revisi, page 2 paragraph 1 line 1-2: At duramater there was a hematome capsule with yellowish fluid inside of it, as hematoma fluid, then analyzed

1. Discussion: Less discussion on Imaging and laboratory results

🡪 revision, page 1 paragraph 5 line 5-9, and page 2 paragraph 1 line 4-6, revised and amended:

* + This indicates a suspicious sign of a hematoma, which is late sub acute. On axial imaging of the spinal cord (figure 2), the lesion is located within the dural sac, it bounded by the paired lateral denticulate ligament and the dorsal septum, compressed the spinal cord but did not extend into the neural foramina or made direct contact with the bone. This means that the lesion is intradural extramedullary (subdural).
  + Erythrocyte cells are very high because the fluid comes from the blood, accompanied by the presence of leukocytes both PMN and MN, with high protein levels from the degradation of erythrocytes.

1. Conclusion: Need many important additional information on Imaging and CSF Lab results (as mentioned above)

🡪 revision, page 4 paragraph 2 line 4-7, amended:

From MRI, we have to determine what the lesion is, how long it has been there, and where it is located in the spinal cord cavity, so that we can determine the appropriate surgical procedure to be performed. We examined the fluid the lesion found which was a hematoma.

SECTION III: Grammar Issues

1. Results: Some questions on presented data

🡪 revision as above.

1. Requires Moderate Revision: Additional data on Imaging, and questioned Lab results (LCS? or the hematoma’s fluid

🡪 revision as above.

REFERENCES

* + We wrote the bibliography using the Endnote X9.3.3 program. We have completed the references with the DOI number in the description of each reference in the Endnote program. However, if the reference is written using the Vancouver style output, this DOI does not appear. This DOI appears when using the PLoS style output, but for citations in the script, the numbers use brackets [ ]. There is a bibliography that does not have a DOI, reference numbers 2, 3, and 9 are text books, using the ISBN. Reference number 4 does not mention the DOI number.
  + We deleted reference number 12 (Saber M, Glick Y. Spinal subdural hematoma: Radiopaedia) because it was sourced from the internet.

Thank you for your review, we hope our manuscript can be published on JBTR.

Yours sincerely,

Authors

Tun Paksi S, et al.