

Peer Review File

Article information: <https://dx.doi.org/10.21037/aes-23-34>

Reviewer A

Interesting case with unusual and dramatic finding of basilar artery aneurysm in a child presenting with VI nerve palsy. Most aneurysms usually result in III nerve palsy and VI only when ruptured.

I do however have some comments for the authors.

Comment 1. The definition of strabismus includes comitant and incomitant aetiologies. in lines 23-25. I would rather state "esotropia in the pediatric population is usually comitant and incomitancy suggests a pathological or organic aetiology" (remove the word "sinister" - though we know what is implied, it isn't proper).

- [Reply 1: Revised accordingly.](#)
- [Changes in the text: Please see lines 25 and 28.](#)

Comment 2. Line 27 change "man" to "boy or child" consistent with text later.

- [Reply 2: Revised accordingly.](#)
- [Changes in the text: Please see line 27.](#)

Comment 3. line 32 I would have preferred listing the "red flags" in the conclusion.

- [Reply 3: Revised accordingly.](#)
- [Change in the text: Please see lines 34-36.](#)

Comment 4. line 50 change sinister to organic

- [Reply 4: Revised accordingly.](#)
- [Change in the text: Please see lines 44 and 51.](#)

Comment 5. line 65 should include abduction deficit and severity, suggestive of VI nerve palsy.(from the image looks like a -3 abduction deficit on left)

- [Reply 5: Revised accordingly.](#)
- [Change in the text: Please see lines 67.](#)

Comment 6. line 94 and 99 reference an abduction deficit of -0.5. I would probably refer to it as largely resolved.

- [Reply 6: Instead of the 3-month visit, we now presented the 12-month follow-up results.](#)
- [Change in the text: Please see lines 92-94.](#)

Comment 7. lines 107 and 108 strabismic and sinister need to be changed.

- [Reply 7: Revised accordingly.](#)
- [Change in the text: Please see lines 99 and 100.](#)

Comment 8. lines 111 to 115 are not really necessary if it is stated that an evolving VI nerve palsy is invariably pathological and in the presence of gaze abnormalities suggests a pontine lesion.

- Reply 8: Revised accordingly.
- Change in the text: Please see line 102.

Comment 9. Conclusion again, should elucidate the "red flags".

- Reply 9: Revised accordingly.
- Change in the text: Please see lines 129 -132.

Reviewer B

Paper is interesting, just 3 points:

Comment 1 - it is not clear in the introduction section what the special of this article is. Please revise it.

- Reply 1: In the "Introduction", we now pointed out that such giant intracranial aneurysm (4 x 3.9 x 3.9 cm) was indeed a rare entity. Based on our literature review, its size is in the 95th percentile of cerebral aneurysms. As discussed later in the article, this case also stood out for its efficient and effective teamwork, leading to excellent patient outcomes.
- Change in the text: Please see lines 49-53.

Comment 2 - improve references.

Comment 3 - in the discussion section, please describe how high is the mortality and morbidity of giant basilar aneurysms. Consider some very recent papers: doi: 10.1080/02688697.2022.2077306 -- doi: 10.1227/NEU.0000000000001175.

- Reply 2 and 3: We have now cited "doi: 10.1227/NEU.0000000000001175".
- Change in the text: Please see line 109.

Reviewer C

Author described the rare case of giant basilar trunk who underwent parent artery occlusion and good clinical course. There are few reports for basilar trunk aneurysm in child. However, you need to describe this article treated by flow diverter stent as below.

Comment 1: Kan et al. Successful treatment of a giant pediatric fusiform basilar trunk aneurysm with surpass flow diverter. BMJ Case Rep. 2015 Jun 3;2015:bcr2015011718.

- Reply 1: We have now cited this article.
- Change in the text: Please see line 113.

Moreover, author cited the article about comparison which endovascular coiling and clipping in patients with basilar tip aneurysm. I would suggest that treatment strategy of giant basilar tip and basilar trunk aneurysm are quite different. So you need to cite as below for example although these are articles in adult.

Nakatomi et al. Giant Fusiform and Dolichoectatic Aneurysms of the Basilar Trunk and Vertebrobasilar Junction—Clinicopathological and Surgical Outcome. Neurosurgery

2020 Dec 15;88(1):82-95. doi: 10.1093/neuros/nyaa317.

Comment 2: Sim et al. Basilar artery trunk aneurysm: clinical and angiographic outcomes of endovascular treatment. *J Neurointerv Surg.* 2022 Mar;14(3):262-267.

doi: 10.1136/neurintsurg-2021-017698.

- [Reply 2: We have now cited this article.](#)
- [Change in the text: Please see line 115.](#)