

## Peer Review File

**Article Information:** <https://dx.doi.org/10.21037/jss-22-92>

### GRAMMATICAL REVISIONS

**Comment 1:** Line 39: ischemia should be spelled ischemia.

**Reply 1:** Thank you for your accurate correction.

**Changes in the text:** New Line 37 "...by excessive traction and ischemia.<sup>1,10</sup>".

**Comment 2:** Line 67: Should the first sentence read "There were NOT any intraoperative complications".

**Reply 2:** Thank you for your accurate correction.

**Changes in the text:** New Line 66: "There were not any intraoperative complications."

**Comment 3:** Line 72: Change no-inflammatory to non-inflammatory.

**Reply 3:** Thank you for your accurate correction.

**Changes in the text:** New Line 75: "Clinical examination showed a fluctuant and non-inflammatory swelling..."

**Comment 4:** Line 104: Change "secondary all of them to cerebrospinal fluid leakage" to "in all cases due to".

**Reply 4:** Thank you for your accurate correction.

**Changes in the text:** New Lines 111-112: "...or intradural herniae,<sup>7,11</sup> in all cases due to cerebrospinal fluid leakage."

**Comment 5:** Line 115: Change "This situation requires the development of a cranial and cervical magnetic resonance" to "This situation requires evaluation with a cranial and cervical magnetic resonance imaging scan".

**Reply 5:** Thank you for your accurate correction.

**Changes in the text:** New Lines 123-125: "This situation requires evaluation with a cranial and cervical magnetic resonance imaging scan, and clinical evaluation by neurology and ophthalmology specialists."

**Comment 6:** Line 123: Change "cleared" to "clear".

**Reply 6:** Thank you for your accurate correction.

**Changes in the text:** New Lines 130-131: "The adequate treatment of late-presenting dural tears, due to initially lack of treatment, that can result in the development of a pseudomeningocele, is not clear."

## **GENERAL REVISIONS**

**Comment 1:** In the discussion (Lines 106-107), it would be helpful to specifically mention that abducens nerve palsy is also postulated to be due to downward compression by the pons, dura, petrous apex, or basilar artery.

**Reply 1:** Thank you for your accurate correction.

**Changes in the text:** Lines 113-115: “A cerebrospinal fluid leakage secondary to caudal brain traction and compression of this canal (by the pons, the dura mater, the petrous apex of the temporal bone or the basilar artery) may lead to this nerve palsy.”

**Comment 2:** Lines 134-136. Some institutions perform pseudomeningocele aspiration and autologous blood patch. See Schartz et al. Management of postoperative pseudomeningocele with percutaneous aspiration and epidural blood patch. Interv Neuroradiology 2022. Please reference this more recently published case series. Please also describe how to decide between conservative surveillance vs percutaneous intervention. In this particular case it is important to note that intracranial hypotension induced abducens palsy has been reported in the literature as resolving spontaneously in the majority of patients (80%).

**Reply 2:**

**Changes in the text:**

New Lines 142-148: “Recently, and given the good results and its widespread use in lumbar surgery, the use of the epidural blood patch has been published, injecting 2.5 to 15 mL of autologous blood into the epidural space at the level of the lesion<sup>13</sup> with the possibility of using CT scan as a guide, or even ultrasound.<sup>23</sup> In a recent case series, this method has been postulated to be used as a second line after persistence of postural headache or surgical wound drainage following failure of primary dural leak repair.<sup>24</sup> In our case, since most cranial nerve palsies tend to resolve spontaneously<sup>2</sup>, and in the absence of other neurological symptoms or signs, we did not consider trying this option.”

**Comment 3:** Please label figures with type of imaging sequence (ie- Axial T2 weighted image, Sagittal T2 weighted image).

**Reply 3:** Image labels have been changed according to your indication.

**Changes in the text:** “Figure 1. Axial view T2 weighted image.” & “Figure 2. Sagittal view T2 weighted image.”

**Comment 4:** It would be helpful to include a follow up image showing reduction in size of the pseudomeningocele.

**Reply 4:** These images have been included.

**Changes in the text:** Figures 3 and 4 have been added.