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Dear Prof. Lian-Sheng Ma

Please find enclosed the revised manuscript entitled **Acquired haemophilia in patients with malignant disease – a case report and review of haemostasis** by Krašek, et al.

We would like to thank the reviewers for comments and suggestions on the manuscript. We have addressed all the comments, as discussed in more detail below, and revised the manuscript accordingly. We have attached the revised manuscript version.

We believe this manuscript is now suitable for publication in World Journal of Clinical Cases.

Sincerely,

Hana Zavrtanik, MD
Corresponding author

Response to reviewers:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: The presented manuscript describes a case of acquired hemophilia, which is characterized by autoantibodies against coagulation factor VIII. I think that this case is well written and informative for readers of World Journal of Clinical Cases. However, it requires some revisions as listed below.

1. The authors upload a picture of swelled thigh, if possible.

Comment: *We agree that the picture would be informative and would contribute substantially to the manuscript. Unfortunately, the picture was not obtained at any point during the admission of the patient.*

2. The authors are recommended to summarize the patient's laboratory data with reference value, as a table.

Comment: *Thank you for the suggestion. The patient's laboratory data are summarized in Table 1 (lines 179-180) and Table 2 (line 202, the tables are added at the end of the manuscript).*

3. The authors are recommended to upload imaging studies, demonstrating a bile duct cancer, including CT and ERCP, as figures.

Comment: *Thank you for the suggestion. Abdominal CT scan and ERCP are added as Figure 1 (line 154) and Figure 2 (line 156), respectively (figures are added at the end of the manuscript). Additionally, we added a CT scan demonstrating active bleeding in the left iliacus muscle as Figure 3 (line 191, the figure is added at the end of the manuscript).*

4. The authors should describe whether they performed the test to rule out a von Willebrand disease. Definitive diagnosis of acquired hemophilia requires that the von Willebrand disease is ruled out.

Comment: Thank you for pointing that out. Other coagulation disorders were excluded, including von Willebrand disease. The following sentence was added to the manuscript (lines 202-203): Von Willebrand factor (vWF) antigen, vWF activity and vWF ristocetin cofactor activity were normal. This is also addressed in lines 208-210 and lines 267-269.

5. Discussion section in the manuscript is too long. The authors are strongly recommended to cut someone to the bone and summarize succinctly.

Comment: Thank you for pointing that out. The discussion section was shortened as much as possible. The emphasis of our case report is placed on the treatment of coagulation disorder in the perioperative period as well as accurate recognition of acquired haemophilia among other coagulation disorders commonly associated with cancer. Therefore, we could not shorten the discussion section further without compromising the informative value of our case report.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: IT is an interesting case with biliary cancer complicated with acquired hemophilia. The paper indicated that surgeons should pay much attention to this rare condition of coagulation disorder. The perioperative management and authors' experience, lesson should be emphasized and described in details (such as how to avoid anastomotic complications) in the paper so as to provide useful information to authors and improve the patients' outcome.

Comment: Thank you for your comment. To lower the risk of postoperative complications, two adaptations of the treatment protocol were performed in our patient. First, immunosuppressive regimen was adapted perioperatively to lower the risk of postoperative infection (the dosage of methylprednisolone was lowered from 80 mg to 30 mg daily). Second, total pancreatectomy was performed instead of pancreatoduodenectomy to avoid possible complications associated with a formation of pancreatoenterostomy such as anastomotic

dehiscence, fistula or bleeding from the pancreatic cut surface or anastomotic suture line. The explanation was added in the discussion section (lines 370-374).