

Answering Reviewers

Name of journal: World Journal of Clinical Cases

Manuscript NO: 00537002

Manuscript Type: CASE REPORT

Dear Editors and Reviewers:

Thank you very much for providing us with the opportunity to revise our manuscript entitled "**Posthepatectomy jaundice induced by paroxysmal nocturnal hemoglobinuria: a case report**" (Manuscript ID: 00537002). We also extend our sincere thanks to the responsible and kind reviewers for providing us with useful advice. We appreciate this opportunity very much.

Based on the suggestions made by the reviewers, we have significantly revised and improved the manuscript. The revised manuscript has been re-submitted. Our responses to the reviewers' specific comments are provided in the following section. We hope that the re-submitted revised manuscript is acceptable for publication.

We are eagerly looking forward to your kind news. Thank you again for your help and consideration.

Yours Sincerely,

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To Reviewer #1:

Comment #1

The authors should summarize how to diagnose paroxysmal nocturnal hemoglobinuria-induced hemolysis and important decisive factor.

Answer #1

Sincere gratitude to Reviewer for his/her very valuable advice. PNH is a rare and acquired hematopoietic stem cell disorder that is characterized by the destruction of blood cells via the complement system due to deficiency of glycosylphosphatidylinositol-anchored proteins, such as CD55 and CD59, at the blood cell surface. And the flow cytometry to detect populations of CD55 or CD59 deficient blood cells is firmly established as the method of choice for diagnosis and monitoring PNH according to related guidelines [\[Guidelines for the diagnosis and monitoring of paroxysmal nocturnal hemoglobinuria and related disorders by flow cytometry. PMID: 20533382 DOI: 10.1002/cyto.b.20525\]](#).

In this patient, CD59 deficiency detected on 27% erythrocytes surface was an important factor in the diagnosis of PHN. These contents were added and revised in the OUTCOME AND FOLLOW-UP section as well as in the DISCUSSION section.

Comment #2

The last sentence of the conclusion is recommended, although hemolysis should be suspected if bilirubin elevation inconsistent with other findings is found after hepatectomy.

Answer #2

Thanks for the reviewer's kind suggestion and the science editor has a similar recommendation for this section. After careful and deliberate consideration, this part has been revised as "hemolysis should be suspected in patients having posthepatectomy hyperbilirubinemia without other signs of liver failure".

To Science editor

Comment #1

History of present illness - Please describe the type, severity, pattern, aggravating and relieving factors for abdominal pain and fever. Lines 49 to 61 should not be mentioned here and moved to the appropriate sections.

Answer #1

Thanks for the Science editor's kind suggestion. The type, severity, pattern, aggravating and relieving factors for abdominal pain and fever have been described in the HISTORY OF PRESENT ILLNESS section. Lines 49 to 61 have been moved to the TREATMENT and OUTCOME AND FOLLOW-UP sections.

Comment #2

Final diagnosis - Please mention it as follows " The patient was diagnosed with hepatolithiasis and choledocholithiasis. After surgery, she was diagnosed to have PNH induced hemolysis causing postoperative jaundice."

Answer #2

Thanks for the Science editor's kind suggestion. The FINAL DIAGNOSIS section has been revised as "The patient was diagnosed with hepatolithiasis and choledocholithiasis. After surgery, she was diagnosed to have PNH induced hemolysis causing postoperative jaundice."

Comment #3

Treatment - First mention what surgery did the patient underwent for hepatolithiasis and choledocholithiasis. Was it open, laparoscopic or robotic. Then mention the intraoperative findings. Please mention how was extrahepatic bile duct stones tackled - was bile duct excision, hepaticojejunostomy performed?

Answer #3

Thanks for the Science editor's kind suggestion. The TREATMENT section has been revised. The patient's open surgery for hepatolithiasis and choledocholithiasis, and intraoperative findings have been described. This patient performed biliary tract

exploration with intraoperative choledochoscopic lithotripsy, without hepaticojejunostomy.

Comment #4

Please replace the word 'corticoid' with 'steroid' throughout the manuscript.

Answer #4

Thanks for the Science editor's kind suggestion. The word "corticoid" has been revised as "steroid" throughout the manuscript.

Comment #5

Outcome and follow up - Please mention here that she developed jaundice in the postoperative period and after detailed evaluation she was diagnosed to have PNH.

Answer #5

Thanks for the Science editor's kind suggestion. In OUTCOME AND FOLLOW-UP section, the development of postoperative jaundice and relevant evaluations for the patient diagnosed with PNH has been mentioned.

Comment #6

Conclusion - Please revise the conclusion as follows "PNH-induced hemolysis is a rare cause of posthepatectomy jaundice. It should be suspected in patients having posthepatectomy hyperbilirubinemia without other signs of liver failure. Steroid therapy can be considered for the treatment of PNH in such cases."

Answer #6

Thanks for the Science editor's kind suggestion. The CONCLUSION has been revised as "PNH-induced hemolysis is a rare cause of posthepatectomy jaundice. It should be suspected in patients having posthepatectomy hyperbilirubinemia without other signs of liver failure. Steroid therapy can be considered for the treatment of PNH in such cases."