Manuscript NO.: 70547, Case Report

Dear Editor-in-Chief,

Thank you for arranging review of our manuscript and your evaluation.

We appreciate you and the referees of *World Journal of Clinical Cases* for the thorough review and constructive comments regarding our manuscript titled "**Bilateral superficial cervical plexus block for parathyroidectomy during pregnancy: A case report**"

The reviewers have provided valuable comments and concerns regarding the use of appropriate, precise expressions throughout the manuscript, and the implications of this case for the majority of the readership of the journal. We are grateful for their keen observations and critical comments, thereby granting us to revise and substantially improve the manuscript. In particular, the clarification through this case could help the readers to understand the importance of this work.

We have revised the manuscript according the reviewers` suggestions and comments, and believe that all other important comments and concerns have been adequately addressed. The answers to the reviewers are provided in the following pages. Thank you for your patience with this manuscript and we will look forward to the positive results.

Sincerely,

Hyub Huh

Dear Reviewer 1;

Thank you for your comments. We have changed the manuscript according to your suggestions, hopefully to improve the manuscript. Answers to your questions are as follows.

Specific Comments to Authors:

This manuscript reported a case of parathyroidectomy in pregnancy under bilateral superficial cervical plexus block, suggests SCPB can be an anesthetic option for parathyroidectomy during the first trimester of pregnancy. It provides valuable information for management of PHPT in pregnancy. *Limitations includes: 1) why the operation need to be carried out in the first trimester need to be discussed? 2) chest radiography is suitable for this case?*

1. *why the operation need to be carried out in the first trimester need to be discussed?*

   → In "Discussion" section, we added sentences;

   However, since her blood calcium concentration remained at 12.7 mg/dL despite 2 weeks of conservative treatment, our patient underwent surgery at 11 weeks of pregnancy, which was considered early pregnancy. And the surgery was successful with SCPB.

2. *chest radiography is suitable for this case?*

   → Our patient's chest radiography was no active lung lesion and was suitable for bilateral superficial cervical plexus block. We described in "Treatment" section.

We appreciate your suggestions. Thank you.

Specific comments to authors:	This is a nice case report of a a variation of parathyroidectomy resection for adenoma in cases where general anesthesia is not desired. In the case, this is a pregnant female who develops primary hyperparathyroidism due to an adenoma. The write-up is nice, and I don't have anything to add.

Dear Reviewer 2;

Thank you for your comments.

We appreciate your suggestions. Thank you.

Dear Reviewer 3;

Thank you for your comments. We have changed the manuscript according to your suggestions, and have hopefully improved the manuscript. Answers to your questions are as follows.

Specific Comments to Authors:

The case report describes an interesting scenario of Bilateral superficial cervical plexus block done for surgical removal of left superior parathyroid adenoma in a 11-weeks pregnant female with gestational hypertension. *What were the 25(OH)D levels in this patient? Did the patient receive any Vitamin D supplementation? Was intraoperative PTH monitoring done for assessing curative surgery? especially in view of localisation only by USG and supportive FNA only....*

1. *What were the 25(OH)D levels in this patient?*

   → In "Case presentation" section, we added a sentence;

   And the serum 25-hydroxy vitamin D (25(OH)D) level was decreased to 16.0 ng/ml (reference range: 25-80) and the serum Phosphorus level was decreased to 1.9 mg/dl (reference range: 2.5-4.5).

2. *Did the patient receive any Vitamin D supplementation?*

   Vitamin D was not administered because there was a possibility of exacerbating hypercalcemia.

3. *Was intraoperative PTH monitoring done for assessing curative surgery?*

   → In "Treatment" section, we added a paragraph;

   The PTH level, performed 10 minutes after parathyroidectomy, was 21.8 pg/ml and fell below 50% of the PTH level just before surgery (157 pg/ml) and was within the normal range. Because this finding supported that the remaining parathyroid glands secrete parathyroid hormone at a normal level, it was judged that all parathyroid adenomas in the patient's body were successfully resected.

4. *especially in view of localisation only by USG and supportive FNA only....*

→ Preoperative USG was used to find lesions showing ultrasound findings suitable for parathyroid adenoma, and FNA was performed to confirm that the PTH was high in the FNA sample, thereby verifying that the targeted lesion was a parathyroid adenoma. In "Treatment" section, we added a sentence;

The parathyroid adenoma confirmed by USG and FNA was identified by ultrasound during the operation, and the adenoma was excised by making an incision directly above it.

We appreciate your suggestions. Thank you.

Specific Comments To Authors:	The authors in this case report present a case of parathyroidectomy during the first trimester of pregnancy using as anesthesia superficial cervical plexus block. The paper is scientifically satisfactory, rigorous and well documented. The title reflect the main subject of the manuscript, the abstract summarize and reflect the work described in the paper, the key words reflect the focus of the manuscript. The manuscript adequately describe the background, present status and significance of the study, and describe methods in adequate detail. The study contributes significantly to the management of primary hyperparathyroidism in the first trimester of pregnancy. The manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically. The figures, diagrams and tables are adequate. The bibliography is good.

Dear Reviewer 4;

Thank you for your comments.

We appreciate your suggestions. Thank you.

Dear *Science editor*;

Thank you for your comments. We have changed the manuscript according to your suggestions, and have hopefully improved the manuscript. Answers to your questions are as follows.

Specific Comments to Authors:

The manuscript elaborated a case of parathyroidectomy during pregnancy with bilateral superficial cervical plexus obstruction. I find it a well-structured interesting study. However, similar manuscripts seem to have been published in 2017. 10.1097/MD.0000000000009390. There seems to be nothing to add. The manuscript fully and properly explains the research results and highlights the key points concisely, clearly and logically.

→Generally, surgery performed in early pregnancy might affect the development of the organs of the fetus, and surgery performed in late pregnancy might cause premature birth. Therefore, mid-pregnancy (13-27 weeks gestational age) is considered the primary surgery window for patients with primary hyperparathyroidism (PHPT) such as above case report. However, in our case, since hypercalcemia persisted despite 2 weeks of conservative treatment, our patient underwent surgery at 11 weeks of pregnancy, which was considered early pregnancy. Also, due to insufficient information regarding the effect of anesthetics on early pregnancy and the surgeon decided to perform minimal invasive parathyroidectomy rather than traditional exploration, we decided to administer superficial cervical plexus block (SCPB) only instead of general anesthesia unlike above case report. In "Core tip" section, we changed a sentence;

However, in case of persisting hypercalcemia despite of conservative treatment, SCPB can be an anesthetic option for parathyroidectomy during the first trimester of pregnancy.