Reviewer#1:
Scientific Quality: Grade C (Good)
Language Quality: Grade A (Priority publishing)
Conclusion: Minor revision
SPECIFIC COMMENTS TO AUTHORS
Dear Author, Thank you very much for submitting the interesting manuscript. I did review it. My comments are in the attached file.

Response:
Thank you for your expert review of our manuscript. We have responded every single comment in our reviewed manuscript. And our replies presented below:

1. How many cases has been reported similar to your case? And what is new?
   - The patient developed a cerebral hemorrhage without systemic anticoagulants, which is a relatively rare occurrence in acute methanol poisoning. Only 2 of 46 patient had similar findings in a retrospective study. We noticed that you raised a same question below and we have rewrote my DISCUSSION part.
2. Include the vital signs at admission and during hospitalization in a timeline figure or Table at least up to the end of second time CRRT.
   - We have added those information as you suggested.
3. Besides of initial laboratory findings, it is suggested to include the laboratory findings during hospitalization in a timeline figure or Table at least up to the end of second time CRRT.
   - We have added relevant information as you suggested.
4. Include the normal range of the laboratory.
   - We have added relevant information as you suggested.
5. How long after admission the imaging was performed?
   - The patient was admitted to the hospital at 5pm, and CT was performed at 6pm.
6. What was the temperature at the time of antibiotic administration? Name the agents, dose, route of administration, interval and for how many days.
   - Sorry, the antibiotic was administrated after chest CT at 6pm. 1-gram ertapenem was intravenous injected empirically and temporarily. Thank you for the reminder.
7. Why did you use vasoactive agent when the BP was 120/85? Also name the vasoactive agents, dose, route of administration, interval and for how many days.
   - Sorry, the vasoactive agent was used after the seizure when BP dropped to 58/32mmHg. We have rewrote this segment. Thank you for the reminder.
8. What medications did you use? For how long? What was the results of EEG?
   -Thank you for the reminder, we believe "seizure" is more appropriate to describe the symptom. And we didn't have time to preform an EEG at that time.
9. It is suggested to include the treatments that has been recommended by the neurologist and neurosurgeon.
   -We have added relevant information as you suggested.
10. dose, interval and for how many days.
    - We have added relevant information as you suggested.
11. Did you check the methanol level during the CRRT? What was the endpoint for

discontinuing of CRRT? Serum methanol level? Or anything else?

-Considering that the vital signs were stable and it was necessary to take another CT scan, we decided to discontinue the first course of CRRT. And we evaluated the efficacy of CRRT by monitoring lactate concentration which is more convenience and cheaper.

12. Include the related laboratory findings for confirming this diagnosis. What about abdominal sonography?

    -Thank you for your advice. We have added relevant tests as you suggested. And we think it is more accurate to use "pancreas injury" since the amylopsin is not enough to diagnose acute pancreatitis.

13. 1-This may be transferred to the introduction.2-How many cases similar to your case has been reported until now. And what is the similarities and differences.

    - Thank you for your advice, we have transferred this part to the INTRODUCTION.

14. What level? Include reference.

    -The safe level of formic acid for AMP patient is unknown for now, and further study is needed. We have rewrote this part.

15. It is not the conclusion of your case. Please rewrite it. It may be considered as implication for clinical situation.

    - Thank you for your advice, we have rewrote the CONCLUSION.

16. 1-Please explain in the case presentation about the specific treatment for this complication.2- what was the reason for CT after 3 hours?

    - No treatment but intubation and ventilation was performed for this complication. And the second CT was in fact CTA for excluding pulmonary embolism and aortic dissection.

Reviewer#2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

SPECIFIC COMMENTS TO AUTHORS

This is an interesting report of a rare but severe case of substance intoxication. I agree with the main points raised in discussion. However, I would recommend that the phrase "endpoint of hemodialysis" should be changed because it could be confused with the terminology used in clinical trials (primary, secondary endpoints etc). Perhaps the phrase time to stop hemodialysis or something similar would be more appropriate. Secondly, the issue of hemodialysis anticoagulation in view of the intracerebral hemorrhage complication of AMP is of particular importance. Given the findings that intermittent hemodialysis is more effective than CRRT in the management of AMP, I would recommend that you provide more information on anticoagulation methods used in intermittent hemodialysis (since you already mentioned that regional citrate anticoagulation was used in CRRT). Please use info from the following reference and citate accordingly: Vlachopanos G, Ghalli FG. Antithrombotic medications in dialysis patients: a double-edged sword. J Evid Based

Med. 2017 Feb;10(1):53-60.

Response:
Thank you for your encouraging comments. The phrase "endpoint of hemodialysis" has been used in the methanol poisoning guideline since 2002. We also try to take your advice, but the cessation of hemodialysis depends on the concentration of methanol rather than a specific time. So we think that it is more appropriate to stay compliance with the guideline. As for the second suggestion, we appreciate the reference you recommended. We have added the content you suggested and cited this literature.

Reviewer#3:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Minor revision
SPECIFIC COMMENTS TO AUTHORS
Dear Authors, Methanol intoxication is an acute pathology with a well-known diagnosis and treatment in the literature. Although it is stated in the article that it is rare in China, it is an entity that is very common in many countries in the world and often causes high mortality or serious sequelae. Therefore, physicians' awareness of this entity should be high. In this context, although this case report does not present significant new information and additional perspectives to the literature, it may contribute to the continuity of awareness. It is stated in Fig.3a that there is multiple lacunar infarct, but no lacunar infarct can be seen in this CT section. In this CT section, there is a slight symmetrical decrease in density in the bilateral putamen. It is recommended to change the figure legend in this way. In Fig.3b, it would be more formal to use the expression "bilateral confluent symmetrical hypodensity" instead of "multiple low-density shadows" in figure legends.

Response:
Thank you for pointing out our mistakes in the article and putting forward suggestions for revision. We have revised the relevant content.