Response to editor and reviewers:

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We thank the editor for the opportunity to clarify these concerns. We have carefully studied the comments of reviewers and made detailed modifications. We hope the editors will consider the new version of the manuscript for publication in World Journal of Clinical Pediatrics.

We sincerely appreciate your recognition, and thanks again.

Response to Reviewer: 1

1．In this study 45 children with DKA only eight children had AKI 2 weeks after DKA correction, seven cases had recovery only one had still AKI on discharge. At follow-up 3 months after discharge, the child's kidney function returned to normal. Author did not discuss about the probable cause and mechanism for development of AKI and its resolution.

Response: Thank you very much for your recognition on our work and findings. Studies suggested that most children with DKA have prerenal volumic reactive injury, and a few children with DKA may experience endogenous renal tubule injury leading to AKI, which may be caused by disease and drug interaction. This underscores the need for rational use of antibiotics in specific disease states. *We added this description to the manuscript.*

Reviewer 2

1. The authors should indicate which antibiotics were used for the 8 children with DKA. 2. What antibiotics do the authors recommend for children with DKA? Also, what antibiotics do the authors recommend not to use?

Response: We thank the reviewer for the recognition on our work and the opportunity to clarify these concerns. In our study, of the 8 children with DKA complicated with AKI, 7 case did not receive antibiotics and 1 received cephalosporin, and the cephalosporin treated child showed delayed recovery from AKI. The selection of antibiotics in children is more challenging in special disease states, and we emphasize that pediatricians should pay attention to the impact of potentially nephrotoxic drug and disease interactions on children's renal function. Among them, vancomycin and ceftriaxone can be regarded as representative drugs for exacerbating AKI in special disease states, which is worthy of academic attention. In addition, since most antibiotics have varying degrees of renal toxicity, we aim to emphasize the rational use of PK model to achieve drug safety. *We added this description to the manuscript.*

Once again, thank you very much for your helpful comments and suggestions.