

## Responds to the reviewers' comments

Dear reviewers:

I am very grateful to your comments for the manuscript. According with your advices, we amended the relevant part in manuscript. Some of your questions were answered below.

1) Clinical diagnosis of BRBNS: The diagnosis is based on the presence of characteristic cutaneous lesions with or without gastrointestinal bleeding.

2) what criteria did they use to diagnose DIC? With the inducement of gastrointestinal bleeding, D-dimer increased, fibrinogen and platelet counts decreased, and plasmin- $\alpha$ 2 fibrinase inhibitor complex (PIC), an indicator of hyperfibrinolysis, increased by 12.23ug/ml, ISTH score was 6 points. So we diagnosed the patient with DIC.

3) It is possible that the hemangioma may have caused chronic DIC before the bleeding, but after hemostasis was achieved, was the DIC able to be weaned off.

There are many causes of DIC, and chronic bleeding is one of them. Also, during the course of treatment, the patient's DIC improved with the stopping of bleeding. By following up the patient for 1 year, the patient did not develop gastrointestinal bleeding and DIC again. Therefore, DIC may not appear after the cause of chronic bleeding stops.

4) Giving tranexamic acid alone without anticoagulation for hyperfibrinolytic DIC may increase the risk of death and is treated as a near contraindication.

The fibrinogen level of the patient was significantly reduced, and there was a clear contraindication to anticoagulation.

Thanks

Jianhua zhai