

Thank you for your comments.

We revised the manuscript according to your comments

Reviewer #1:

Specific Comments to Authors: The authors reported 3 cases of delayed-onset *Achromobacter* species endophthalmitis 5-18 months after cataract surgery. Unlike previous reports, they retained all the patients' IOLs. This study proposed the hypotheses that for this type of late-onset endophthalmitis, removal of the intraocular lens and the capsule is not necessary. Some questions: 1) Some syntax errors need to be fixed , e.g. : line 3 , paragraph 1 of the introduction, "within 6 weeks of surgery" should be " within 6 weeks after surgery"

Ans) We revised it.

Acute endophthalmitis is defined as infection within 6 weeks of surgery,

-> Acute endophthalmitis is defined as infection within 6 weeks after surgery,

2) Line 3, paragraph 2 of the case presentation : The authors wrote "They had all undergone cataract surgery 18, 5, and 6 months prior", but "2–18 months" in the abstract and discussion. Should it be "5–18 months" ?

Ans) We made mistakes and corrected it. Thank you.

Case summary in abstract : 2-18 -> 5-18

Page 6, paragraph 5, line 2 (discussion) : 2-18 -> 5-18

3) Base on your hypothesis "differences in the onset or presentation of endophthalmitis (acute, chronic, delayed-onset with acute form) may be related to the bacteria amount or distribution within the eye", in the future, further research can be carried out to determine that under what circumstances can the IOL be retained.

Ans) We agree to your opinion. We added a sentence in discussion section

Page 8, paragraph 1, line 7

However, in order to confirm these results, additional studies may be needed to evaluate the

surgical outcome according to whether the IOL is removed and the type of endophthalmitis onset.

Science editor:

Issues raised:

(1) The "Author Contributions" section is missing. Please provide the author contributions;

Ans) We added author contribution

Author contribution

Design of the study (KY Nam), analysis and interpretation of data (TH Kim, KY Nam), collection of data (TH Kim, SJ Lee, KY Nam), draft of the manuscript (TH Kim, KY Nam), critical review of the article (SJ Lee, KY Nam), and approval of the final version of the manuscript (TH Kim, KY Nam). All authors issued final approval for the version to be submitted.

(2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

Ans) We prepared PPT with figures.

(3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

Ans) We added PMID and DOI number.

(4) The "Case Presentation" section was not written according to the Guidelines for Manuscript Preparation. Please re-write the "Case Presentation" section, and add the "FINAL DIAGNOSIS", "TREATMENT", and "OUTCOME AND FOLLOW-UP" sections to the main text, according to the Guidelines and Requirements for Manuscript Revision

Ans) We followed the guidelines.

Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file.

Ans) We prepared PPT with figures.

Thank you again.