

**Prof. KLE Hon, MBBS, MD,**  
**Department of Pediatrics, Chinese University of Hong Kong, Hong Kong N/A, China**  
*Editor in chief, World Journal of Critical Care Medicine*

**Re: Lessons from a methanol poisoning outbreak in Egypt – a case series**

Dear Dr. Hon

Please find enclosed our answers to the reviewers of the above-captioned manuscript. We took into account all their additional suggestions. Dr. Alison Good, a native English-speaking toxicologist from Scotland, reviewed our manuscript for the language issue.

We hope that our manuscript was enough improved and that you will consider it now for publication in *World Journal of Critical Care Medicine*, as.

As already stated, all the authors state that:

- i- This article has not been published or submitted elsewhere for publication.
- ii- There are no financial or other relationships that might lead to a conflict of interest.
- iii- The manuscript has been approved by each author. All the authors each materially and substantially contributed to its conception and completion.

We look forward to your decision.

Should you have further questions, please do not hesitate to call on us.

Sincerely yours,

**Dr. Ahmed S. Gouda, MD**

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## **Peer-review report**

Reviewer #1: The manuscript presents a case of group poisoning with methanol in Egypt. The manuscript is generally well written, and most of the key-points reached, describing in detail the clinical presentation, therapy, outcome, and toxicological investigation in 6 patients with acute methanol poisoning. The main drawback of the manuscript is the lack of overall novelty, but indeed the manuscript presents interesting medical data and has a local impact and contribution in the healthcare of methanol poisoning.

Minor observations can be made, including reference misuse (e.g. “Small ingested amounts as little as 10 ml of pure methanol may be sufficient to cause life-threatening toxicity and permanent blindness.” Lacks any bibliographical source.) and few spelling errors.

**We thank the reviewer for his helpful and encouraging comments.**

**As recommended, we added a reference to the sentence “Small ingested amounts as little as 10 ml of pure methanol may be sufficient to cause life-threatening toxicity and permanent blindness.”**

**Mégarbane B, Borron SW, Baud FJ. Current recommendations for treatment of severe toxic alcohol poisonings. Intensive Care Med 2005; 31: 189-195 [PMID: 15627163 DOI: 10.1007/s00134-004-2521-0].**

**We corrected the spelling errors. Mrs Alison Good, a native English-speaking toxicologist, reviewed our manuscript**

## **Science Editor**

1 Scientific quality: The manuscript describes a case report of the lessons from a methanol poisoning outbreak in Egypt. The topic is within the scope of the WJCC. (1) Classification: Grade C; (2) Summary of the Peer-Review Report: The manuscript is generally well written, and most of the key-points reached, describing in detail the clinical presentation, therapy, outcome, and toxicological investigation in 6 patients with acute methanol poisoning; and (3) Format: There are 2 tables and 2 figures. A total of 31 references are cited, including 8 references published in the last 3 years. There are 4 self-citations.

**We thank the editor for his evaluation**

2 Language evaluation: Classification: Grade B.

**We corrected the spelling errors. Mrs Alison Good, a native English-speaking toxicologist, reviewed our manuscript**

3 Academic norms and rules: The authors provided the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, and the written informed consent. No academic misconduct was found in the CrossCheck detection and Bing search.

**We thank the editor for his evaluation**

4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCC.

**We thank the editor for his evaluation**

5 Issues raised: (1) 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;

**We provided the figures as ppt documents as requested**

and (2) 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. 6 Re-Review: Required. 7 Recommendation: Conditional acceptance.

**We adapted the “Case Presentation” section to the journal recommendations.**