

Reply to the comments on manuscript  
*Acute Kidney Injury Associated with Consumption of Star Fruit Juice*

Editor-in-Chief  
World Journal of Critical Care Medicine

Dear Editor and reviewers,

We thank you for your careful evaluation and constructive comments and are grateful for the opportunity to respond and revise our manuscript. Please thank all the reviewers for their valuable comments on our behalf. We have provided a point-by-point reply, have made changes to the manuscript, and show these as tracked changes and have also provided a clean copy of the paper.

**Reviewer 1:**

1 authors should discuss about why the AKI is definitely induced by consumption of star fruit juice. The patient had never drank the star fruit juice before? 2 What about the renal recovery when discharged form the hospital? 3 What other treatments were administered in this patients? any oral medications? 4 Authors are encouraged to discuss more about the mechanism of the star fruit juice induced AKI.

1. Thank you for the opportunity to clarify. Renal failure was attributed to starfruit based on clinical judgement and the temporal exposure to large amounts of starfruit juice. As the patients underlying clinical conditions of diabetes and hypertension were well controlled with absence of pre-existing renal impairment and lack of exposure to other potential nephrotoxins. The prompt resolution of the renal failure after stopping exposure, institution of short-term haemodialysis and the lack of other possible causes for AKI suggest acute starfruit ingestion with likely oxalate nephropathy as possible underlying aetiology for this patient transient AKI.

Unfortunately, the patient declined renal biopsy with resolution of his AKI and as such there was lack of definitive histological confirmation of oxalate nephropathy. The above has been elaborated on under the section on discussion.

2. The patient was followed up and noted to have no recurrence of renal failure on review and was subsequently discharged back to his primary physician for continuation of care for his chronic medical conditions.

3. What other treatment and medication ??

4. The possible mechanism of starfruit induced AKI has been included in the section under discussion.

**Reviewer 2:**

This is a case report dealing with consumption of high amount of concentrated star fruit juice by a 78-year-old male and treatment of acute kidney injury by haemodialysis. Is calcium oxalate crystal deposit the only reason to cause kidney injury? Is it possible for hypertension and diabetes to cause kidney injury as well? The authors should discuss this issue. In Table 1, the normal range and unit of each index should be provided. The serum creatinine value in page 2 is different from that in Table 1. The authors should double check.

Thank you for the excellent comments. Indeed, it is possible that underlying hypertension and diabetes may be contributory factors to chronic kidney disease. However, for this patient the acute exposure to large volumes of concentrated starfruit juice would likely have been the trigger for AKI based on the temporal and prompt resolution of AKI with stopping exposure to starfruit and the use of short-term haemodialysis. This together with the lack of other potential nephrotoxins and other causes of AKI supports this clinical reasoning. This has been included under the discussion section.

Table 1 has been updated with normal range and unit.

Thanks for pointing out the typo error on the disparity of serum creatinine values. This has been rectified in the revised article.

**Science Editor:**

This manuscript reported a 78-year-old male patient who suffer acute kidney injury by haemodialysis with consumption of high amount of concentrated star fruit juice. Why the AKI is definitely induced by consumption of star fruit juice? Please discuss this in the discussion part. Some possible reason which may cause kidney injury could be discussed in the discussion part.

CARE Checklist is blank.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

Thank you very much for having pointed out this very critical distinction of starfruit exposure being the cause of AKI in this patient. This important question was also brought up by both reviewers of the article and I have revised and updated the discussion section to demonstrate the clinical reasoning and judgement behind this conclusion. Unfortunately, there was no definitive confirmation as the patient had declined renal biopsy after resolution of the AKI.

CARE checklist has been filled accordingly.

Language quality: As native speakers of English in Singapore, I have put up a request for exemption from the language certification requirement.

**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 Critical Care Medicine, 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 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. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

I am very thankful for the conditional acceptance of the manuscript. I would also like to take the opportunity to apologize for the delay in submission of the revised article.

I have provided the figures in power point with the following "Copyright ©The Author(s) 2022" stated as required.

I have also included the Table in the format requested.

Once again, thank you to all the reviewers and editors for their help and patience. Please keep me updated if there should be any clarifications or actions required.

Yours sincerely,

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On behalf of the manuscript authors