Answering Reviewers

Reviewer #1:

SCIENTIFIC QUALITY: Grade B (Very good)

LANGUAGE QUALITY: Grade B (Minor language polishing)

CONCLUSION: Accept (General priority)

SPECIFIC COMMENTS TO AUTHORS: It is a well-design study adding new information to the literature. Authors in a clear and simply way managed to give their results as well as the relative literature. I have no comments to make and in my opinion the article can be published unaltered.

Thank you for your excellent and encouraging comment.

Reviewer #2:

SCIENTIFIC QUALITY: Grade C (Good)

LANGUAGE QUALITY: Grade B (Minor language polishing)

CONCLUSION: Minor revision

SPECIFIC COMMENTS TO AUTHORS: SGLT2inhibitors have ushered a paradigm shift in the management of HF in general, and more particularly amongst people with diabetes. In this context, this work is very much relevant to the readership of WJC. The following word of the authors- “It is implied that SGLT2 inhibitor use and prescription by non-diabetologists (cardiologists, nephrologists, family physicians, etc.) will continue to grow in the future. It is important to inform the general cardiac public about this rare but serious side effect of SGLT2 inhibitors.” - deserves appreciation and strongly justifies this submission. The word ‘Metabolic’ as an adjective to the term ‘ketoacidosis’ (in the title of the write up) sounds superfluous. In fact, ‘ketoacidosis’ is type of ‘Metabolic acidosis’ only. Can the authors rather use the term ‘Diabetic ketoacidosis” in place of ‘Metabolic acidosis’ in the context of the reference case? The authors

have covered most points which are related to the pathogenesis of ketoacidosis correctly. A few words on how SGLT2inhibitors facilitates substitution of glucose by ketone as a substrate for energy production in different tissues such as myocardium and peri-tubular tissues of the nephrons. In this context the following article may be cited as a cross reference.[Mudaliar S, Alloju S, Henry RR. Can a Shift in Fuel Energetics Explain the Beneficial Cardiorenal Outcomes in the EMPA-REG OUTCOME Study? A Unifying Hypothesis. Diabetes Care. 2016 Jul;39(7):1115-22. doi: 10.2337/dc16-0542. PMID: 27289124.] Role of SGLT2inhbitor in CHF is well known and widely discussed in various cardiology journals, and hence not very relevant here. Moreover, the index patient did not have HF. The second paragraph in the main body of the write up may be made smaller (at least by 50-60%). The author may rather mention briefly the impact of SGLT2i in preventing HF progression (class effect), preventing chronic kidney disease progression (class effect), secondary prevention of ASCVD events (empa and cana) and preventing cardiac death (empagliflozin), to give holistic perspective to readers from the cardiology field. Thus much more can be said in much less words.

Thank you for your excellent comments and suggestions.

We have changed the title to be more precise in the context of our case in term ‘’euglycemic diabetic ketoacidosis’’ as suggested by the reviewer. The second paragraph in the main body is now redone, shorter, and the impact of SGLT inhibitor in HF, CKD and prevention of ASCD event is mentioned in order to give holistic cardiology approach as suggested from reviewer (reference 5 added).

Also, it is mentioned how SGLT inhibitors improve myocardial and renal work efficiency and function by substitution of glucose with ketone and new reference is cited Mudaliar et al. (now reference 10).