

ROUND 1

Dear Editor,

please find enclosed the revised manuscript in Word format (file name "Revised manuscript").

Title: Severe Hypernatremia in Hyperglycemic Conditions; Managing it Effectively.

Authors: Maulik K Lathiya, Praveen Errabelli, Susan M Cullinan, Emeka J Amadi

ESPS Manuscript NO: 80074

Manuscript Type: Case Report

Thank you very much for your kind e-mail, which gave us the possibility to revise our manuscript.

We emended the paper according to the reviewers' comments. We hope this revision will make our

manuscript better to be accepted in your journal.

BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242 Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com <http://www.wjgnet.com>

Each comment has been answered accordingly in the manuscript and each text that has been altered

was highlighted red in the revised manuscript.

We hope that the revised version will fulfill the requirements for publication in the World

Journal of Critical Care Medicine.

Thank you very much.

Reply to reviewer's comments: -

- Discussed the relevant paper as suggested by author regarding enteral free water use in hypernatremia in ICU patients.
- Discussed reference the article as suggested by the author, newly published case series of severe hypernatremia along with ketoacidosis and hyperglycemic hyperosmolar state, focusing especially on the third, fatal case, which was characterized by severe hypovolemia (Choo SJ, Lee HG, Kim CJ, Yang EM. Severe hypernatremia in soft drink ketoacidosis and hyperglycemic hyperosmolar state at the onset of type 2 diabetes mellitus: a case series of three adolescents.
- We added blood gases done during the hospital stay as suggested by the author.

ROUND 2

Response to Reviewers: -

We very much thank the editors and reviewers for the thoughtful review of our manuscript. Please find a systemic response to these comments.

Reviewer 1

Comments 1:

The detailed presentation of arterial blood gas analysis (Table 1) is rather poor as it covers only the first 48 hours (hypernatremia resolved the fifth day), while some key parameters, including Fio₂, bicarbonates, lactates, and anion gap are absent.

Response:

We added arterial blood gas analysis (Table 2) for 48 hours of blood gas analysis as we did it for the first 2 days only.

We also added Key parameters, including Fio₂, bicarbonates, Lactates In (Table 1).

Comments 2:

Ideally, fluid balance monitoring and diuresis in that period of the first 5 days could be incorporated in the table for educational purposes.

Response:

We also added fluid balance monitoring and diuresis in that period of the first 5 days (Table 3).