

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "A case of acute diquat poisoning with multiorgan failure and a literature review" (ID 86192). Those comments are all valuable and very helpful for revising and improving our paper, as well as providing important guidance for our clinical practice. We have studied the comments carefully and have made corrections which we hope meet with your approval. Revised portions are highlighted with yellow in the paper.

I would like to express my heartfelt gratitude to the editors and reviewers for spending your precious time and energy to review my paper and give me professional, meticulous, objective and fair feedback. Your comments not only helped me discover the shortcomings and errors in my paper, but also inspired me to have new insights and perspectives on the diquat poisoning case and literature review. Your comments benefited me a lot and motivated me to improve my academic level and writing skills. I have high respect and appreciation for your work.

The main corrections in the paper and the responses to reviewers' comments are as follows:

Reviewer #1:

Comment 1: Drawing about the molecular structure of Diquat should be added and a paragraph of information should be given on this subject.

Response:

Based on your suggestion, we have added the molecular structure and a brief introduction of diquat (Page 2, Line 9-11). As shown in Figure 1, we have added a schematic diagram of the diquat molecular structure and the molecular weight information. Figure 1 is located on Page 2, Line 17.

Comment 2: CT images of the identified case should be attached and pathological findings in the images should be marked appropriately.

Response:

As shown in Figure 2, we have added the abdominal CT image of the patient and marked the disease-related abnormalities with arrows. Figure 2 is located on Page 4, Line 4.

Comment 3: Numberings like 1,2 are frequently seen in the text.

Response:

To improve the rigor of our paper, we have removed the numberings like 1, 2 that were used to classify the text. This part of the content was mainly located in the "Therapeutic intervention" and "Discussion" sections. We have rewritten and organized these sections into tables. The modification of the "Therapeutic intervention" section can be seen on Page 4, Line 19-23, and we have added a comparison of the laboratory test results at the time of admission and at the 20th hour of hospitalization, as shown in Table 1 (Page 4, Line 24 to Page 5, Line 1-10). The content of the "Discussion" section has been simplified and rewritten (Page 13, Line 24 to Page 14, Line 24)

Comment 4: A schematic drawing of Diquat's poisoning mechanism and system involvement should be attached.

Response:

We have added a schematic drawing of the diquat poisoning mechanism and system involvement, namely Figure 3 Model course of toxicokinetic of oral diquat ingestion (Page 11, Line 19). At the same time, we have also added a brief introduction of the diquat poisoning mechanism (Page 11, Line 9-12), and added Figure 4 (Page 12, Line 1) to illustrate it more intuitively.

Comment 5: Authors often refer to their texts as the study; but this is a literature review.

Response:

We apologize for the confusion of the concepts. We have replaced the relevant parts of the "Discussion" section with "review", such as Page 12, Line 6, 13, 15, and Page 13, Line 4, 16, 19, 28.

We sincerely appreciate your valuable comments and suggestions.

Reviewer #2:

Comment 1: The dose ingested by your patient should be clearly mentioned.

Response:

We have added the description of the poisoning dose in the "therapeutic intervention" section (Page 4, Line 11). This is an important detail that may affect the patient's outcome and prognosis. We appreciate your careful attention to this aspect.

Comment 2: Table 3: Would suggest to remove your case from the list, as it is not yet a part of published literature.

Response:

We have removed the relevant information of our case from the "Literature case summary" table and renamed Table 3 as Table 2. We agree that our case should not be included in the literature review, as it is not yet published and may introduce bias. We appreciate your suggestion to improve the validity of our review.

Comment 3: What were the oxygen targets for your patient and what is the current literature.

Response:

In the "Therapeutic intervention" section, we have added a detailed description of the patient's clinical condition when he started mechanical ventilation. In addition, in the "Discussion" section, we have added the guideline recommendations for oxygen therapy implementation (Page 13, Line 13 to 16). We understand that oxygen therapy is a crucial aspect of diquat poisoning management, as it may reduce the production of free radicals and limit the tissue damage. We appreciate your comment to highlight this point.

Comment 4: "General clinical data..." I believe this includes the present case too. How can

this be a part of your literature search, as it is not yet published?

Response:

We have removed the data of our case from the data analysis and re-analyzed it. This mainly affects the “General clinical data,” “Clinical features,” and “Treatment and prognosis” sections (Page 6, Line 7 to 10; Page 6, Line 17 to 19; Page 6, Line 26 to 27). We agree that our case should not be mixed with the literature data, as it may affect the accuracy and reliability of our review. We appreciate your reminder to correct this mistake.

Comment 5: Why were patients divided in 2 groups?

Response:

We have only 18 cases of data, but the data consistency is poor and cannot be effectively statistically analyzed. Therefore, we follow your suggestion and delete the tables and charts of grouped data (Table 1 and Figure 1, Table 2 and Figure 2), and briefly describe the data in the “LITERATURE REVIEW” section. We understand that dividing patients into two groups without a clear rationale or comparison is not appropriate for a literature review. We appreciate your comment to improve the quality of our review.

Comment 6: The need for early extra corporeal removal is because of high volume of distribution. Hence, late dialysis may not be helpful. This should be clearly discussed.

Response:

We have conducted a new round of learning and discussion on this part of the content and searched for new evidence in the literature. We have added reference 22 to explore the peak blood concentration after oral diquat ingestion, and then to explore the adverse prognosis of late blood purification (Page 14, Line 6 to 9).

Comment 7 and 8: Figure 1 and table 1 are repetitive; Figure 2 and table 2 do not offer any new information.

Response:

As you have suggested in comment 5, we have deleted Table 1 and Figure 1, and Table 2 and Figure 2. We agree that these tables and figures are redundant or irrelevant for our literature review.

Comment 9: This is not a study, but a case report and literature review. So please, refrain from mentioning this as a study.

Response:

We apologize for the confusion of the concepts. We have replaced the relevant parts of the “Discussion” section with “review”, such as Page 12, Line 6, 13, 15, and Page 13, Line 4, 16, 19, 28.

Other changes:

1. Page 1, Line 5: The title is changed to “Acute diquat poisoning case with multiorgan failure and a literature review”.

2. Page 3, Line 11: Modify the format of blood pressure presentation.

3. References: After revising the article according to the reviewers' comments, we adjusted the order of the references.

4. According to the "Case Report Guidelines", we modified the font, font size and other aspects of the article.

I hope that you will find my revised paper satisfactory and suitable for publication in your esteemed journal. If you have any further questions or comments, please feel free to contact me at any time. Thank you again for your consideration and support.

Yours sincerely,
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