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Column: Case Report
Title: HEMOLYTIC UREMIC SYNDROME IN ADULTS: A CASE REPORT

To the Editor of World Journal of Critical Care Medicine:

We appreciate the opportunity to address the Editors' and Reviewers' comments and revise our manuscript. Below, please find item-by-item responses to the Reviewers' comments, which are included verbatim. All page and paragraph numbers refer to locations in the revised manuscript. All changes made to the manuscript have been highlighted.

Editor's suggestions.

Author contributions: The format of this section will be as follows: **Author contributions: Wang CL and Liang L contributed equally to this work; Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents/analytic tools; Wang CL, Liang L and Fu JF analyzed the data; Wang CL, Liang L and Fu JF wrote the paper.**

Following the suggestions made by the editor, in the revised manuscript we have delete all "*the authors have wrote the paper*" and change to "*P érez-Cruz FG, Villa-D úz P and Pintado-Delgado MC wrote the paper.P érez-Cruz FG, Villa-D úz P, Pintado-Delgado MC, Fern ández_Rodr íguez ML, Blasco-Mart ínez A and P érez-Fern ández M performed the research. Fern ández_Rodr íguez ML, Blasco-Mart ínez A and P érez-Fern ández M reviewed the current knowledge*" in Authors contributions (1st page).

Institutional review board statement: Any article describing a study (basic research, clinical research, and case report) involving human and/or animal subjects is required to have the institutional review board (IRB) name, whether institutional (part of the author(s)' academic/medical institution, such as the Oak Grove Children's Hospital Institutional Review Board) or commercial/independent/private (contracted for-profit organizations, such as the ClinicCare Coalition for Human Rights Institutional Review Board), stated explicitly on the title page. In addition, a copy of any ethical approval document(s)/letter(s) or waiver should be provided to the BPG in PDF format.

Sample wording: The study was reviewed and approved by the [Name of Institution or Organization] Institutional Review Board.

Thank you for your observation. In the revised version we have complete the information about Institutional Review Board (page 2). We have submitted a copy of the approval document in PDF format.

Informed consent statement: In addition, a copy of any approval document(s)/letter(s) or waiver should be provided to the BPG in PDF format.

In the revised version we have added information about Informed consent statement (page 2). The patient involved in this case have given her written informed consent report this case (although initially she gave it verbally). We have submitted a copy of the approval document in PDF format.

Conflict-of-interest statement: A copy of signed statement should be provided to the BPG in PDF format.

We have submitted a copy of the conflict-of-interest statement signed by all the authors in PDF format.

Audio Core Tip: In order to attract readers to read your full-text article, we request that the first author make an audio file describing your final core tip. This audio file will be published online, along with your article. Please submit audio files according to the following specifications:

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To achieve the best quality, when saving audio files as an mp3, use a setting of 256 kbps or higher for stereo or 128 kbps or higher for mono. Sampling rate should be either 44.1 kHz or 48 kHz. Bit rate should be either 16 or 24 bit. To avoid audible clipping noise, please make sure that audio levels do not exceed 0 dBFS.

We have submitted an audio file describing our final core tip.

Citation: The citation contains, authors' names and title. The name of the first author should be typed in bold-faced letters; the family (sur)name of all authors should be typed with the first letter capitalized, followed by their abbreviated first and middle initials. For example, an article by Jae Moon Yoon, Ki Young Son, Chun Sick Eom, Daniel Durrance, Sang Min Park will be written as Yoon JM, Son KY, Eom CS, Durrance D, Park SM. Pre-existing diabetes mellitus increases the risk of gastric cancer: A meta-analysis.

In the revised manuscript, we have added authors' names and title in Citation according to Guidelines and Requirements for Manuscript Revision-Case Report, adding "Pérez-Cruz FG, Villa-Dáz P, Pintado-Delgado MC, Fernández_Rodríguez ML, Blasco-Martínez A, Pérez-Fernández M. Hemolytic uremic syndrome in adults: a case report" (page 3).

A "COMMENTS" section, highlighting the key points of an article, will be attached after each clinical case report published in the World series journals.

In the revised manuscript we have added a “COMMENTS” section following the writing requirements for each subsection (page 8-9): “**COMMENTS**” *section. Case characteristics: A 67-years-old women, with hypertension, type 2 diabetes mellitus and dyslipidemia, presented to emergency department with abdominal pain, bleeding diarrhoea and nausea of 3 days of evolution. Clinical diagnosis: The clinical diagnosis of thrombotic microangiopathies was based on the presence of thrombocytopenia and the development of acute renal and neurological failure.*

Differential diagnosis: Other causes of thrombocytopenia, neurological and acute renal failure as sepsis, and thrombotic microangiopathies entities. Laboratory diagnosis: Thrombocytopenia and anemia, high serum creatinine and lactate dehydrogenase, elevated schistocytes count on blood smear. Treatment: In this case report, the authors described the early treatment with plasma exchange. Related reports: Due to the low incidence of thrombotic microangiopathies, although with high mortality in some entities, treatment should be based on syndromic approach according to guidelines. Experiences and lessons: In patients with thrombotic microangiopathies, if suspected of thrombotic thrombocytopenic purpura exist, early treatment with plasma exchange must initiated due to its high mortality rate.”

Reviewers' comments:

Reviewer 02458824:

Major comment. Authors should use the term "plasma exchange" throughout the manuscript. The term "plasmapheresis" refers to the collection of plasma from healthy donors without using any replacement solution. Authors will find a definition of the therapeutic procedures in J Clin Apher 2016;31:149-62.

We agree with the reviewer, so in the revised manuscript we change the term "plasmapheresis" to "plasma exchange" throughout all the revised manuscript (abstract, main text, key words and table 1).

Minor comments.

1. Page 4, line 3. Thrombotic microangiopathies (TMA) are characterized by microangiopathic hemolytic anemia and thrombocytopenia. Other findings, such as renal failure, neurologic symptoms and fever are less common.

We agree with the reviewer, TMA are characterized by microangiopathic hemolytic anemia and thrombocytopenia. Hemolytic-uremic syndrome (HUS) is characterized by the classic triad of microangiopathic hemolytic anemia, thrombocytopenia and acute renal failure. In the revised version we have changed "*With a low incidence, they are characterized by the classic triad of microangiopathic hemolytic anemia, thrombocytopenia and acute renal failure with different grades of other organ injury (mainly neurological and cardiac involvement)*" to "*With a low incidence^[2], they are characterized by microangiopathic hemolytic anemia and thrombocytopenia, with different grades of other organ injury (mainly acute renal failure, neurological and cardiac involvement)*" in page 4 line 3.

2. Page 4, case report. A 67-year-old-woman...

In the revised manuscript we have correct it.

3. Page 5, line 7. Authors should use "direct antiglobulin test" instead of "Coombs test".

In the revised version we have deleted "Coombs test" and changed for "direct antiglobulin test" on page 5 line 7.

4. Page 6, first paragraph. Authors should add in the description of PTT therapy the use of immunosuppressant therapy, such as steroids and rituximab.

In the revised version we have added this information, so we added "*Corticosteroids may be given to patients presumed to have TTP at a dose of prednisone 1 mg/kg/day, 1 to 2 mg/kg of methylprednisolone per day or 1 gr of methylprednisolone initially for several days, and tapered once the patient goes into remission. Rituximab, a monoclonal antibody to CD20-positive B cells, is recommended in patients who do not respond to or relapse after the combination of plasma exchange and corticosteroids*" in page 6 first paragraph.

Reviewer 00503014:

The clinical course had been good writing and the background of the TMA had been well reviewed.

Thank you for your comments.

Reviewer 00503255:

The authors described an adult patient with Shiga toxin associated post-diarrheal HUS.

1. The patient was diagnosed with HUS, but the authors did not clearly describe it in the abstract. “woman patient with severe thrombotic microangiopathy” is better to change to “woman patient with severe HUS”

We agree with the reviewer than this sentence it is not clear. So, in the revised manuscript we have deleted “*woman patient with severe thrombotic microangiopathy*” and changed for “*woman patient with severe hemolytic uremic syndrome*” in Abstract.

2. page 4, line 19: “TA” should be deleted.

We agree with the reviewer, so in the revised manuscript we have deleted “TA” in Case report Section, 1st paragraph 4th line 19.

3. page 5, line 6: “lactate dehydrogenase 125 U/L” is too low for TMA. Please correct it.

Thank you for your observation. In the revised version we have corrected this data.