

I wish to thank the reviewers' valuable comments on my paper.

Reviewer:00328331

Q1. Article is more like a mini-review instead of an editorial. It can be written as a review article with addition of clear methodology. How did you collect the data? Which Mesh terms were used to search the literature, what databases were searched, duration?? What definition/ criteria was used as inclusion criteria?

A1. Thank you for your comments. I changed this article from editorial to mini review. I added the method section in the text that included search method for paper collection, used terms, searched databases, KD and AKI definition, and exclusion criteria.

Q2. Why do you want to analyze only case reports? For reporting the incidence (point 2), authors discussed only 3 studies (ref 11 & 13); however, after that epidemiology and clinical features were analyzed on the basis of 39 cases reported as case reports. Why didn't you include these two studies for analyzing the clinical features? Is there any specific reason for inclusion of only case reports to analyze the clinical features?

A2. Although the studies in reference No. 11 and 13 provided a prevalence of AKI in patients with KD and their laboratory and ultrasound imaging data, these studies did not show causes of AKI, detailed clinical courses of AKI, therapies for AKI and outcome of AKI. Therefore, I could not find out detailed clinical features of KD patients with AKI in these 2 studies. Therefore, I analyzed only case reports, which had detailed clinical information about KD patients with AKI.

Reviewer: 02987549

Q1. This is an interesting topic that has been well presented by the author. However, there are minor language edits that are needed before manuscript can be considered for publication.

A1. Thank you for your comments. My paper was edited by a native English-speaking physician. I provide a certificate of English proofreading.

Reviewer: 00742205

Q1: The author is the expert in Kawasaki disease with acute kidney injury with long track of publications in this topic. The editorial is well written with important information for the readers. I am very impressed about the manuscript and have learned a lot from it.

A1. Thank you for your comments.

Reviewer: 00074323

Q1: What criteria have been used to define AKI (KDIGO?) - How should be interpreted creatinine levels in KD?

A1: Thank you for your comments. I added the methods section in the text and provided used criteria for AKI according to serum creatinine levels in this section.

Q2: In the Author's experience, what interventions, if any, can prevent the development of AKI in KD? Apart from supportive treatment to improve heart function and to contrast pre-renal kidney failure, are there therapeutic strategies to prevent immune-mediated renal damage? Is there a role for a wider use of glucocorticoids together with intravenous immunoglobulins? When is advisable to consider a biological therapy?

A2: I added the section of "Therapeutic strategies to KD patients with AKI" in the text. Treatments adapted to the severity of KD should be done for KD patients with intrinsic AKI.

Reviewer: 04356732

Q1: Under Abstract, the term 'characteristics' could be replaced with 'trajectories'

A1: Thank you for your comments. I replaced "characteristics" with "trajectories".

Q2: Under Core tip, grammatical errors that need correction include '.....despite the developed of multiple organ dysfunction...' which should read '....despite the development of multiple organ dysfunction....' Similarly, '.....glomerular endothelial injury resulted from...' should read '....glomerular endothelial injury resulting from...'

A2: I corrected these grammatical errors.

Q3: Under Introduction, the second sentence has a minor grammatical error- 'has yet to be determined' could be replaced with 'is yet to be determined'. In the second paragraph, I thought the list is that of renal complications of Kawasaki disease. Why the phrase 'and unknown causes'? In the last paragraph, the penultimate sentence lacks clarity. Does the author mean 'it is important to know the causes and clinical features of AKI in hospitalized children with KD'? Last sentence- I suggest 'trajectories' for 'characteristics'

A3: I corrected all of them according to the reviewer's suggestion except for "is yet to be determined". "has yet to be determined" is grammatically right.

Q4: The next subheading should read 'Prevalence of AKI in patients with KD'

A4: I corrected it.

Q5: Under the subheading- Clinical manifestations, the first sentence conjunction ‘and AHF developed....’ is better with ‘while AHF developed....’ In the second sentence, systems were listed as dysfunctional organs. Are organs and systems synonymous? Organs rather make up a system

A5: I corrected them.

Q6: Under the subheading- Prerenal AKI, the sentence ‘An intravenous fluid infusion and IVIG therapy resolved AKI following improvement of AHF in both patients’, appears ambiguous. How would improvement of AHF result from intravenous infusion which supposedly increases the preload? However, intravenous infusion and IVIG would understandably lead to resolution of a prerenal AKI by correcting hypovolemia. I suggest a reconstruction of the sentence

A6: I added section of “therapeutic strategies to AKI in KD” and explained it.

Q7. Under Conclusions, ‘...includes the following conditions....’ could read ‘...and can be caused by the following conditions.’ ‘Unknown causes’ could be replaced with ‘unknown etiologies’. Finally, the second and third sentences are considered redundant and should be deleted.

A7: I corrected all of them as suggested by the reviewer.

Thank you again for the reviewers’ helpful comments. I am convinced that these comments improved my paper.