

Review ID: 02945812

1 Mention aboutsstr receptor.

Answer: Already modified as follows: Postoperative pathology and immunohistopathologic studies confirmed a VIP-secreting pheochromocytoma with a strong, diffuse positivity of somatostatin receptor type 2(SSTR2)..

2 Mention the full form of CATs

Answer: Already modified as catecholamine.

3 What is sensitivity to percussion?

Answer: The region of left kidney

4 What was the cause of diabetes and how was it managed?

Answer: We mention the cause of diabetes in the first paragraph of discussion as follows: VIP also inhibits gastric acid secretion, promotes hepatic glycogenolysis and dilates peripheral systemic blood vessels. Clinical presentation of VIPoma commonly include secretory diarrhea, hypokalemia, hypochlorhydria, flushing, hyperglycemia, and metabolic acidosis.

We add the management of diabetes in the 5th paragraph of case report as follows: besides, we administered the patient with continuous intravenous insulin to keep the blood glucose around 10mmol/L.

5 Please mention the central venous pressure of the patient. Whether dopamine was added after ensuring adequate intravascular volume status?

Answer: The patient refused invasive hemodynamic. At the same time as the injection of dopamine, we administrated the patient intravenous saline 4000 ml / 24 hours.

6 Write the expanded form of these terms.

Answer: Already modified as follows: plasma pancreatic polypeptide [PP], adrenocorticotrophic hormone[ACTH], somatostatin[SST], thyroid hormones, parathyroid hormone[PThRP], calcitonin, adrenomedullin[AM], and urine 5-hydroxy indoleacetic acid [5-HIAA].

7 How long was octreotide continued?

Answer: It is mentioned in the last paragraph of case report as follows: after surgery, the patient discontinued octreotide and terazosin hydrochloride and recovered uneventfully.

8 Write the expanded form of UCG.

Answer: Already modified as ultrasonic cardiogram.

9 Why dopamine was measured if the patient was on dopamine infusion?

Answer: In our hospital, detection of catecholamines includes dopamine, adrenaline, norepinephrine.

Reviewer ID: 04173355

1 Please, write the full form of CAT.

Answer: Already modified as catecholamine.

2 The myocardial injury markers were elevated. Did the Authors assess the dynamics of their changes?

Answer: We describe the dynamics of their changes in next paragraph as follows: We rechecked CK, CK-MB, TnI and electrocardiogram every 6 hours. The patient's myocardial enzymes and TnI levels gradually returned to normal, and the ischemic manifestations of electrocardiogram were also significantly improved.

3 ST-segment depression ≥ 0.1 mV in at least two contiguous leads is not a slight but clinically significant electrocardiographic lesion. In addition, widespread ST-segment depression (leads II, III, aVF, V1-V6) may indicate subendocardial ischaemia and non-ST elevation-acute coronary syndrome (NSTEMI-ACS). How did the Authors exclude this diagnosis?

Answer: We describe the dynamics changes of CK,CK-MB , TnI and electrocardiogram. All of these parameter were gradually improved within 24 hours. This is inconsistent with the clinical manifestations of ACS. We believe

this is due to the myocardial toxicity of catecholamines which has been reported in many literatures.

4 Coronary angiography does not allow the exclusion of acute myocardial infarction (e.g. MINOCA, myocardial infarction with non-obstructive coronary arteries).

Answer: We have changed the description of acute myocardial infarction to coronary arteries obstruction.

5 Were there any segmental wall motion abnormalities of the left ventricle?

Answer: No segmental wall motion abnormalities of the left ventricle was observed.

6 How was the patient prepared pharmacologically for surgery?

Answer: The patient was given oral terazosin hydrochloride 2 mg/d and intramuscular injections octreotide 0.1 mg/8 h until surgery.