

Dear Prof. Ji.

Thanks for your letter and the reviewers' constructive comments concerning our manuscript entitled 45618 "A rare empty sella syndrome found after postoperative hypotension and respiratory failure: Case report and literature review". Those comments are valuable and helpful for improving our paper. We have studied comments carefully and have made correction which we hope meet your requirement. Revised portions are underlined in both the response and the revised manuscript. The point-to-point responses are as follows:

Reviewer No. 1:

*Review of manuscript NO: 45618 Title: A rare empty sella syndrome found after postoperative hypotension and respiratory failure: Case report and literature review
Manuscript Type: Case Report Case Report*

Comment 1. *Approval by the Ethics Committee and the signature of informed consent must appear elsewhere in the manuscript.*

Response:

We appreciate your suggestion. We have adjusted its position in the manuscript. We've added it in the part of ethics approval and consent to participate.

Comment 2. *Should not consider sinus bradycardia a heart rate of 58 bpm in a man of 60 years old.*

Response:

We appreciate your relevant suggestion. A heart rate of 58 bpm in a man of 60 years old should consider normal. We've deleted this part in the manuscript.

Comment 3. *References - Should show references according to World J Clinical Cases Guidelines. (Review the acronym for each Journal, Year, volume, issue and pages.*

Response:

Thanks for your comment. We've corrected the format of references according to World J Clinical Cases Guidelines.

Reviewer No. 2:

This is an interesting and original case report of a subject with a casual diagnosis of empty sella syndrome. The presentation omits some relevant data which, indeed, may have not been collected.

Comment 1. *First. There is no indication of any kind of medication taken by the patient at admission. If no treatment was ongoing this must be specified.*

Response:

We appreciate your suggestion. The patient's hospitalization was due to surgery. He did not express other discomforts, and he denied any other medical conditions. He did not have any treatment ever. No abnormalities were found in routine preoperative examinations. Before surgery, we did not find that he was in this condition. Therefore, there is no treatment at admission. We discovered it postoperation. When the patient was diagnosed as having hypopituitarism with hypocortisolism and hypothyroidism, the treatment was positive.

Comment 2. *Second, authors claim that the patient was diagnosed as having hypopituitarism with hypocortisolism and hypothyroidism. However, the tests shown in Table 1 do not show ACTH but only cortisol. TSH appears to be normal with reduced FT3 and FT4, which does not suggest hypopituitarism. Complete lab tests to check hypopituitarism (for instance including GH) were not done. Please, explain why and discuss as a limitation if this information was not available.*

Response: We appreciate your relevant suggestion. We've added the results of ACTH and growth hormone in the table.1. When FT3 and FT4 is lower, TSH should be higher to promote the release of thyroxine in the normal condition. Due to pituitary lesions, this autoregulatory function is absent, thus TSH cannot be increased. Also, the results of cortisol, ACTH and growth hormone were lower. Taken together, the patient was diagnosed as having hypopituitarism with hypocortisolism and hypothyroidism.

***Comment 3.** On the basis of their experience with this case, authors may recommend how to approach such events in the pre-operative phase (e.g. by listing a series of mandatory lab tests).*

Response: Thanks for your comment. We recommend that in the preoperative examination, a thyroid function can be added. On the one hand, if there is any abnormality, the examination can be further improved to exclude related diseases; on the other hand, this examination alone won't increase the economic burden of patients. We add it in the conclusion as follows: "We recommend that in the preoperative examination, a thyroid function can be added. If there is any abnormality, the examination can be further improved to exclude related diseases."

***Comment 4.** Introduction. "...and thus cannot be visualized on magnetic resonance imaging (MRI) scan". This is not true because authors did successfully perform MRI.*

Response: We appreciate your suggestion. I'm sorry that our statements made diverged. Because the pituitary gland shrinks or flattens, the pituitary gland cannot be visualised on MRI scan. We've corrected it as follows: "Empty sella syndrome is a condition in which the pituitary gland shrinks or flattens, and thus the pituitary cannot be visualised on magnetic resonance imaging (MRI) scan."

We tried our best to improve the manuscript and made modification according to the reviewers' comments. These changes will not influence the data and the framework of the paper. We appreciate the editors' and the reviewers' work earnestly, and hope that the correction will meet the requirements. Once again, thanks very much for your comments and suggestions.

Your sincerely,
Danfeng Xu