Dear Editor:

We thank you for giving us the opportunity for minor revision with our manuscript No:56667.

We thank the reviewer for his careful reading and instructive comments on previous draft.

We have carefully taken his comments into consideration in preparing our revision, which has resulted in a manuscript that is clearer and broader. Below is our response to reviewer's constructive comments.

Thanks again for all the help.

Best wishes,

Dr. Zhaoyang Ke

Corresponding Author

Revision – author's response

Reviewer #1:

Recommendations:

1. **Manuscript should be further revised by a native English speaker.**

   Thank you for your kind advice, and we have polished the manuscript for a second time.

2. **Inclusion/exclusion criteria should be better clarified.**

   We agreed with your opinion, and we have clarified the

inclusion/exclusion criteria as follows: A total of 11 pregnant patients who were diagnosed with SSNHL which was defined as an acute decline in the hearing thresholds over 30 dB in at least 3 adjacent frequencies within 72 hours by pure-tone audiogram were included in this research. All patients stick to our treatment and follow-ups without any other therapy. The exclusion criteria applied were as follows: (1) patient had diseases that could cause sensorineural hearing loss such as chronic otitis media, otosclerosis, Ménière's disease, large vestibular aqueduct syndrome, cerebrovascular conditions or autoimmune diseases (2) patients who recently had otologic surgeries; (3) it was a recurrent SSNHL.

3. **What are the actual clinical implications of this study? it is important to report the results obtained by the authors in the context of clinical practice and to adequately highlight what contribution this study adds to the literature already existing on the topic and to future study perspectives.**

   Thanks for pointing out the weakness in our writing. The clinical implication of our study is to put forward a treatment that is safe and effective for pregnant SSNHL patients which could improve their hearing threshold as much as possible and this has not been widely recognized by otologists as well as obstetricians. However, the evidence was not strong enough because of the small pool of patients,

which urges future Multicenter RCTs to verify our results. And we are trying to fulfill this job to the best of our ability.

According to your instructions, we have revised our manuscript as follows: SSNHL occurs in pregnant women at a very low rate; nevertheless, the special status of maternal body and susceptibility of the fetus can lead to a clinical problem when it comes to positive medication therapy or passive medical observations. With the interview with more than 100 otologists, most of them hesitated to prescribe steroids of any kind but refer to dextran-40 or hyperbaric oxygen therapy to treat pregnant SSNHL patients. Our research pointed out that timely intratympanic dexamethasone injections could be served as a safe and effective therapeutic strategy which would help to preserve the auditory function of pregnant patients in practice.

4. **I would suggest to stress, at least briefly, other causes of sudden deafness in pregnancy, as it occurs during hypertensive disorders (refer to: PMID: 28282763; PMID: 28243732).**

We totally agreed with your idea, hypertension is always a risk factor for the onset of SSNHL. It is reasonable that pregnancy-induced hypertension and preeclampsia served as a possible cause for SSNHL in pregnant women. We have revised our manuscript to stress that for readers and quote the articles.