Dear Dr. Ma,

Company Editor-in-Chief

Baishideng Publishing Group Inc

Thank you very much for your time evaluating our manuscript. After carefully contemplating, we have revised it following the Journal's instruction and the reviewer's comments. These valuable comments have greatly improved our work, for which we are also truly grateful.

To answer the reviewer's query about our hemodialysis adequacy and possible fluid overload, we had to use our past publications, resulting in self-citation. For this, we are humbly seeking your understanding.

We are looking forward to your favorable consideration and endorsement.

Sincerely yours,

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October 01, 2020

To the Reviewer

Dear Sir,

The authors thank you for your advice improving our manuscript and changes have been made accordingly.

Comment: Though to confirm or support the diagnosis have the authors performed lymphoscinitigrapy in this patient ?.

Reply: we fully agree with you that lymphoscinitigrapy could help make the final diagnosis definite.

It has been known that the incidence of grade 3 hemorrhage (radiologic, endoscopic, or elective operative intervention indicated) in renal biopsy was 0.3%, with the risk of death estimated at 0.02% (1) and these facts were covered in the written informed consent. However, family members of the patient were understandably distressed and agitated after his nearly devastating bleeding. We then decided to carry on with extra caution that each procedure was of clear therapeutic purpose especially under cross-examination, considering the potential possibility of legal dispute. Thus, lymphoscinitigrapy was not recommended in this patient. Without doubt, we will keep your valuable advice in mind during our future clinical practice.

Comment: How do we know the fluid collections are not due to CKD and fluid overload.

Reply:

The perirenal hematoma may affect the patient's blood pressure, which is a hallmark of the Page kidney and could be managed by proper fluid control (2). In the view of nephrology, we described in the manuscript that "The patient was kept on hemodialysis then, with a special focus on dry weight and urinary volume" and "While with good hemodialysis adequacy and under stringent volume control for Page kidney". For the past two decades in our center, ESRD patients on maintenance hemodialysis manifested good Kt/V (3, 4) and critically ill patients receiving CRRT had fine volume control (5). Clinically, we humbly do not think that the observed pleural effusion was due to fluid overload.

Nevertheless, the following part was added to the discussion section:

A unique entity, namely the Page kidney, was then considered in this case with the associated hypertension after subcapsular hematoma and the management required sufficient fluid control[12]. In this respect, our patients on maintenance hemodialysis generally manifested good Kt/V in a cross-sectional study[13] and 10-year follow-up[14], and the critically ill patients receiving continuous renal replacement therapy had fine volume control as well[15]. Therefore, it is highly unlikely that the observed pleural effusion was derived from fluid overload.

We thank you again for your time and kindness, and are hereby humbly looking forward to your favorable considerations.

References

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3. Wang T, Zhang Y, Niu K, Wang L, Shi Y, Liu B. Association of the -449GC and -1151AC polymorphisms in the DDAH2 gene with asymmetric dimethylarginine and erythropoietin resistance in Chinese patients on maintenance hemodialysis. Clin Exp Pharmacol Physiol. 2017; 44(9): 961-964.
4. Wang T, Li Y, Wu H, Chen H, Zhang Y, Zhou H, Li H. Optimal blood pressure for the minimum all-cause mortality in Chinese ESRD patients on maintenance hemodialysis. Biosci Rep. 2020; 40(8): BSR20200858.
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