

30<sup>th</sup> April 2021

Dr. Lian-Sheng Ma

Editor-in-Chief, *World Journal of Clinical Cases*

Dear Editor and Reviewer:

Thank you for your letter and for the useful comments concerning our manuscript entitled “Case report: Can kissing cause paraquat poisoning?” (ID: 62029). Those comments are very valuable and helpful for revising and improving our paper. We have studied the comments carefully and have made corrections which we hope meet with approval. Revised portions are marked in red in the paper. We have provided our point-by-point responses to the reviewer’s comments and have outlined the main corrections made in the manuscript below.

Once again, thank you very much for your comments and suggestions.

We look forward to your response.

Yours sincerely,

Bing Lv

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## Responses to the editors

**Science editor:** the authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: Thank you for your advice. As required, we have provided the original figures in a single PowerPoint file, which was submitted as “62029-Figures.ppt” on the system.

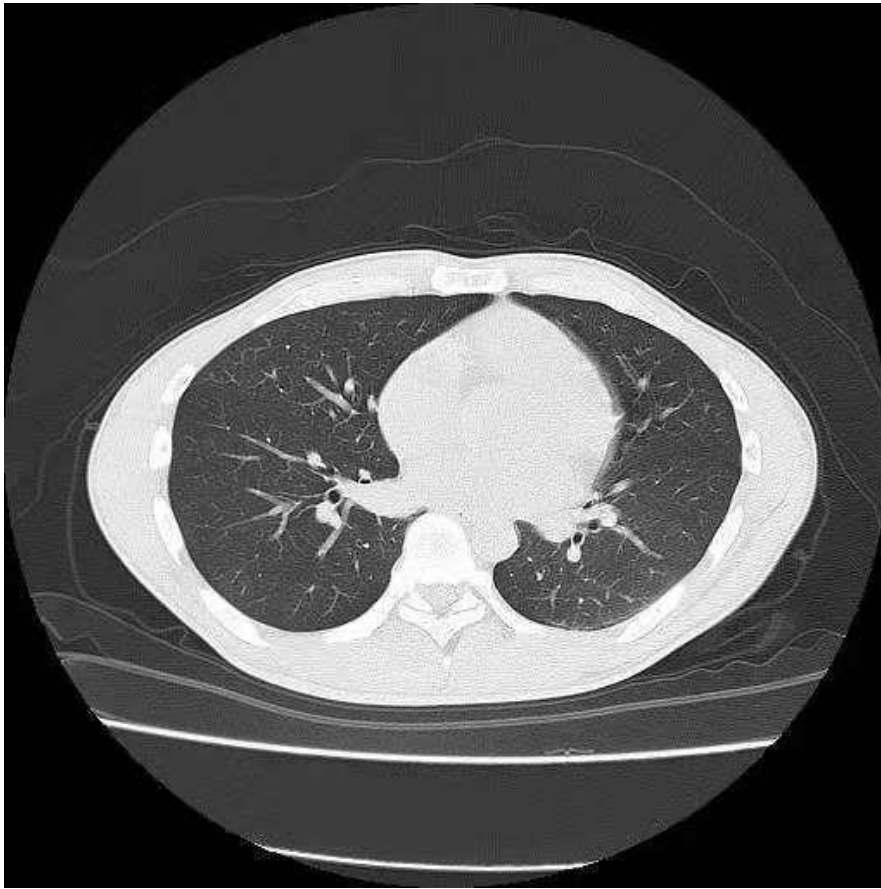
**Company editor-in-chief:** I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”.

Response: Thank you for your comments and advice. As shown below, the figures we have provided are non-composite figures. Each figure includes only a single illustration. Thus, your suggestion on uniform presentation of figures may not apply to this paper. If you don't think so, please contact us again. We will be happy to make timely modifications according to your requirements.



**Figure 1** Five days after admission, deep fissures were interposed in the areas of coalescent ulcers on

the tongue.



**Figure 2** Twenty-four hours after admission, a lung CT showed increase of lung markings.

## Responses to the reviewer

**1. Comment: Case summary: Moreover, redness and burning “sensations” of his tongue. The “sensation” should be written in the singular form.**

Response: Thank you so much for your careful check and suggestion. We apologize for this grammatical mistake. We have made the necessary revision, as shown below:

(Original manuscript) page 2, lines 16–17: “Moreover, redness and burning sensations of his tongue occurred and...”.

(Revised manuscript) page 2, lines 16–17: “Moreover, redness and *a burning sensation on his tongue occurred and...*”.

**2. Comment: Chief complaints: ...oral contact with paraquat 3 “hours” ago.**

Response: Thank you for your comment. Please allow us to provide an explanation. SI units were used in our manuscript. As per the requirements of *World Journal of Clinical Cases* (as shown in the following screenshot), “h” should be used instead of “hours”. Thus, we considered “h” to be correct. Thank you for your careful review.



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### Common Usage of Quantities and Units

Number	Nonstandard	Standard	Notice
1	4 days	4 d	In figures, tables and numerical narration
2	4 days	four days	In text narration
3	day	d	After Arabic numerals
4	Four d	Four days	At the beginning of a sentence
5	2 hours	2 h	After Arabic numerals
6	2 hs	2 h	After Arabic numerals
7	hr, hrs,	h	After Arabic numerals
8	10 seconds	10 s	After Arabic numerals
9	10 year	10 years	In text narration
10	Ten yrs	Ten years	At the beginning of a sentence

**3. Comment: Is there any data of arterial oxyhemoglobin saturation in the beginning of emergency department of after admission?**

Response: Your comment is very useful. We apologize for our negligence in stressing the data on arterial oxyhemoglobin saturation. In fact, after his presentation to the Emergency Department, the patient did not experience any discomfort. Thus, the emergency physician did not monitor his arterial oxyhemoglobin saturation. After admission, his percutaneous arterial oxygen saturation (SpO<sub>2</sub>) was

monitored continuously. During his hospitalization, SpO<sub>2</sub> remained above 95% (as shown in the following screenshot). We have added this to the “CASE PRESENTATION” section, as follows:

(Revised manuscript) page 5, lines 14–15: “*During his hospitalization, his percutaneous arterial oxygen saturation remained above 95%.*”

## 通化市中心医院 多功能监护记录单

科室: 肾病内分泌护理单元 姓名: [REDACTED] 年龄: [REDACTED] 性别: 男 床号: 1891  
住院号: 0688117 入院日期: 2020-11-26 诊断:

2020年		生命体征					心电图示波及病情变化	护士签名
日期	时间	体温 ℃	脉搏 (次/分)	呼吸 (次/分)	血压 mmHg	血氧 饱和度%		
11-26	22:00		78	18	114/64	96		逄金哲
11-27	00:00		76	19	116/62	97		逄金哲
11-27	02:00		74	18	118/64	97		逄金哲
11-27	04:00		78	18	112/64	96		逄金哲
11-27	06:00		74	19	114/62	96		逄金哲
11-27	08:00		76	19	116/64	97		逄金哲
11-27	12:00		62	18	116/72	97		郑洪柳
11-27	14:00		60	19	114/70	98		郑洪柳
11-27	16:00		62	17	116/74	99		郑洪柳
11-27	18:00		76	18	114/72	98		郑洪柳
11-27	20:00		68	18	112/70	98		郑洪柳
11-27	22:00		65	17	110/68	97		陈立艳
11-28	00:00		74	19	116/68	98		逄金哲
11-28	02:00		60	19	110/68	98		郑洪柳
11-28	04:00		60	16	112/80	96		穆舒
11-28	06:00		68	17	118/76	96		穆舒
11-28	08:00		80	16	126/84	97		穆舒
11-28	10:00		64	16	122/84	96		穆舒
11-28	12:00		66	19	124/78	96		穆舒
11-28	14:00		60	19	120/78	96		王睿
11-28	16:00		62	16	118/68	98		穆舒
11-28	18:00		65	17	112/78	96		穆舒
11-28	20:00		78	18	112/62	96		逄金哲
11-28	22:00		62	17	116/84	97		穆舒
11-29	00:00		60	19	120/78	99		王睿
11-29	04:00		65	17	125/86	99		陈立艳
11-29	08:00		69	18	130/67	98		陈立艳
11-29	12:00		70	18	126/80	96		陈立艳
11-29	16:00		72	19	125/82	99		陈立艳
11-29	20:00		65	18	117/80	97		陈立艳
11-30	00:00		68	17	120/87	99		陈立艳
11-30	12:00		70	16	119/70	99		陈立艳
12-01	00:00		72	18	120/66	98		陈立艳
12-01	12:00		78	19	123/76	97		陈立艳

**4. Comment: I noticed that the respiratory rate of the patient is at the upper limit of normal value. Did the patient accept any oxygen device or therapy?**

Response: Thank you for your question. Please allow us to give an explanation. In clinical practice, mild to moderate hypoxia in paraquat-poisoned patients should not be routinely treated with oxygen, as supplemental oxygen might worsen oxidative stress injury by enhancing the generation of reactive oxygen species (1-3). Thus, the patient did not undergo oxygen therapy. This is in accordance with medical standards.

We would like to thank you again for taking the time to review our manuscript.

**References**

1. Hoet PH, Demedts M, Nemery B. Effects of oxygen pressure and medium volume on the toxicity of paraquat in rat and human type II pneumocytes. *Hum Exp Toxicol.* 1997;16(6):305-10.
2. Gawarammana IB, Buckley NA. Medical management of paraquat ingestion. *Br J Clin Pharmacol.* 2011;72(5):745-57.
3. Lin XH, Pan HY, Cheng FJ, Huang KC, Li CJ, Chen CC, et al. Association between liberal oxygen therapy and mortality in patients with paraquat poisoning: A multi-center retrospective cohort study. *PLoS One.* 2021;16(1):e0245363.