

Dear Editor:

Thank you for carefully reviewing our manuscript titled “Neonatal necrotizing enterocolitis caused by umbilical arterial catheter-associated abdominal aortic embolism: A case report” for possible publication in the *World Journal of Clinical Cases*. We are grateful to you and the reviewers for their constructive critiques. We have revised the manuscript, **highlighting our revisions in red**, and have attached point-by-point responses to the reviewers' comments below.

Thank you for your consideration and further review of our manuscript. Please do not hesitate to contact us with any further questions or recommendations.

Yours sincerely,

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Responses to the Reviewers' Comments:

Reviewer #1: This is a case of successful treatment of neonatal ischemic necrotizing enteritis, but the article lacks uniqueness.

Response: Thank you for your hard work and review of our paper. We apologize for the lack of uniqueness.

Reviewer # 2: This case reports a rare case of necrotizing enterococcolitis caused by abdominal aortic embolism in infants with ELBW after umbilical ductus arteriosus resection. The case records in detail the history of the case, family history, imaging, laboratory and surgical examinations, as well as treatment options. This case report is comprehensive and detailed, which provides ideas for the treatment of this kind of disease in the future.

Recommendation:

1. In the laboratory inspection section, it is recommended to add a normal range for reference.
2. It is recommended that the CASE PRESENTATION section, subheadings align with the paragraph or empty a character.

Response: Thank you for your comments. We are grateful to you for your interest in our paper. In the "Laboratory examinations" subsection, we have added the normal ranges for reference. In the CASE PRESENTATION section, we have aligned the subheadings with the paragraphs.

Reviewer # 3:

1. This case report is very interesting and very rare. This highly qualified article describes the complications of using an umbilical arterial catheter for the treatment of an ELBW infant.
2. The author can explain the patient's disease timeline and the treatment performed. The discussion of how thrombosis occurs and the treatment of patients with NEC is very well discussed in this article.

Response: Thank you for your comments. We are grateful for your interest in our

paper.

3. In the introduction subtitles, please clarify whether NEC is caused by the use of an umbilical arterial catheter for an infant ELBW or occurs due to umbilical arterial catheter removal. Is abdominal aortic embolism caused by removal of the umbilical arterial catheter? This contrasts with the author's explanation in DISCUSSION, that thrombosis in this patient may be the multiple blood samples collected via the UAC (page 7)

Response: We appreciate your constructive suggestions. In the Introduction, we have clarified that NEC was caused by the use of an umbilical arterial catheter in the ELBW infant, and abdominal aortic embolism was found to cause NEC 48 h after umbilical arterial catheter removal. Therefore, we have revised the title to “Neonatal necrotizing enterocolitis caused by umbilical arterial catheter-associated abdominal aortic embolism.”

4. In the subtitle "History of present illness", the patient has been placed with an endotracheal intubation in the delivery room, how can the patient be put on nasal continuous positive airway pressure (NCPAP) after being transferred to the NICU. Was the patient's endotracheal tube removed when the patient arrived at the NICU?

Response: We apologize for not specifying that the patient's endotracheal tube was removed when she arrived at the neonatal intensive care unit. We have revised the subsection "History of the present illness" and have explained this.

5. Can you explain the degree/staging of NEC in the diagnosis based on Bell's criteria?

Response: Thank you for the constructive question. In the “History of the present illness” subsection, we have explained the staging of NEC based on Bell's criteria.

6. Please explain the rationality of the use of antibiotics (cefoperazone, meropenem, piperacillin, tazobactam, vancomycin), is it an empirical therapy or is it based on the results of blood resistance cultures?

Response: Thank you for the constructive question. In the TREATMENT section, we have explained the rationale for the use of antibiotics.

7. Please provide an explanation of figure 1 that the author put in this article. And please remove the patient's identity on the abdominal x-ray.

Response: Thank you for this reminder. We have provided explanations of the figures that we included in this article and have removed the patient's identity from the abdominal X-ray.

8. Please clarify whether almost all statements in the discussion do not have a reference list? This relates to evidence-based medicine on the etiology and treatment performed in this patient.

Response: We appreciate your suggestion. We have highlighted the references in the Discussion section in yellow, and the rest is the analysis of the patient's conditions.

Editorial office's comments:

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

Science editor:

Issues raised:

(1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

Response: Thank you for this reminder. We will upload the approved grant application form(s) and the funding agency copy of any approval document(s).

(2) 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: We appreciate the science editor's suggestion. We will upload the original figure documents by using PowerPoint.

Company editor-in-chief: The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words).

Response: We apologize that our title did not meet the requirements of the journal. We have revised the title to meet the requirements of the journal to “Neonatal necrotizing enterocolitis caused by umbilical arterial catheter-associated abdominal aortic embolism: A case report.”

Finally, we have addressed all language issues in the manuscript and will submit the revised manuscript accordingly.