Dear editor,

Thank you for your letter, and thanks for all the comments.

I have made a point-by-point response to each issue raised in the peer review report, which are listed below:

Reviewer #1:

Specific Comments to Authors: I reviewed the manuscript "title; Hemorrhagic pericardial effusion following treatment with infliximab: A case report and literature review. "with great pleasure. In this manuscript, the authors describe the rare case complicated with hemorrhagic pericardial effusion due to the adverse effect of infliximab. This case is interesting; however, I could not see at the Figure because no attached Figure in this manuscript.

Thank you for your appreciation and comments. Figures have been showed to "67041-Figures.pptx" document which has been uploaded.

Reviewer #2:

Specific Comments to Authors: The authors have presented an interesting case of infliximab induced hemorrhagic pericardial effusion. I have following comments regarding the manuscript: 1. Please mention whether the patient had any history of chest trauma or cardiac procedure.

Thanks, I added in "history of past illness": "The patient had no previous medical history, no history of chest trauma or cardiac procedure."

2. Please mention the platelets count and coagulation profile of the patient.

OK. "There were no abnormalities in his white cell count or platelets count, and coagulation index were normal." has been mentioned in "laboratory examinations" part.

3. Please mention the duration of the follow up.

The patient was discharged in January, 2019, and were followed every 3-6 months till April 2021, total follow-up time is 26 months, which has been mentioned in "OUTCOME AND FOLLOW-UP" part.

4. Please discuss the pathogenesis of infliximab therapy induced pericardial effusion.

Thanks.

Actually, as mentioned in the text, the exact mechanism of IFX-induced pericardial effusion has not been clearly identified.

IFX is a mouse/human chimera and monoclonal IgG1 antibody, 35% mouse-derived and 65% human-derived, and can join the variable regions of mouse antibodies to the constant regions of human IgG1. As a result of this partly murine composition and strong antigenicity, IFX might trigger an immunogenic reaction and antibody production. A high titer of anti-IFX antibodies and a strong type III immunologic reaction may be a possible cause of pericardial effusion.

5. Please revise the table 1. The pericardial complications mentioned in Table 1 can be listed in one column. Please also mention the clinical presentation, timing of presentation after starting infliximab therapy, treatment given to the patients and the final outcome. All these findings of the previously reported cases should be discussed and compared with the index case in the Discussion section.

OK, thanks very much.

Clinical presentation, duration of IFX Treatment, follow-up treatment and the final outcome have been added into the table. Revised table has been uploaded. In addition, these findings have been discussed and compared with the index case in the discussion section.

6. Please relocate the first line of Discussion at an appropriate place within the text of Discussion.

Thanks a lot, and I agree with your opinion.

The first sentence of Discussion has been relocated after the sentence "Inflammatory bowel disease (IBD) and rheumatoid arthritis are common primary diseases treated with IFX. Pericardial effusion following IFX treatment is a rare complication."

Thanks again.

Best Wishes,

Yours

Hui Li, Bo Qu