

Dear editor and reviewers,

Thank you for your careful review of our manuscript. We appreciate the effort you and your reviewers made for the valuable comments. We have revised the manuscript and attached point-by-point responses to the reviewers' comments below. Please contact me if there are any further questions.

Yours Sincerely,

Jun Teng

Department of Emergency, Qingdao Central Hospital

E-mail: owen-145@163.com

Replies from the authors to reviewers

To Reviewer #1:

Specific Comments to Authors: Please pay attention to Hb values: 76 g/L and 11 g/L (!) Minor language dysfunctions: "Multiple gastric ulcerations are a rare and seldomly reported manifestation of colchicine poisoning. Withal, according to the instructions on the drug's manual, gastric changes can be occur in patients with long-term intake." "Chronic colchicine poisoning is seldomly seen" CONTENT = excellent

Replies from the authors: Firstly, thank you for careful review of our manuscript. Your comments largely improve the quality of this manuscript. We have revised the Hb values in our manuscript. The patient Hb improved to 110g/L during the follow-up. We have revised the language dysfunctions in the manuscript as you mentioned. "Chronic colchicine poisoning is seldomly seen". Thanks for your affirmation of this manuscript. We will do more research in this field and we hope you will have a chance to review our future work.

To Reviewer #2:

Specific Comments to Authors: This is an interesting case with clear learning points. Some revisions, however, are recommended. 1. Abstract should be revised. The current version reads like an introduction, with generic statement on colchicine poisoning. I recommend revising the abstract to cover the importance of colchicine poisoning, followed by a brief description of the case presented and important take home message. 2. Introduction reads like an abstract. Please revise. An introduction should describe the importance of the problem of focus and include appropriate citations. 3. In the discussion, I recommend discussing about the appropriate use of colchicine for gout flare prophylaxis. According to most current gout guidelines, colchicine is used as flare prophylaxis only for the first 3-6 months and should be stopped once serum urate is sustained at a target level or once tophi have disappear. Furthermore, gout flare prophylaxis should not be used as the main treatment strategy. Urate-lowering therapy (i.e., allopurinol) is the anchor med for gout management.

Answers from the authors: We appreciate very much for your careful review. You pointed out the flaws of this manuscript which was very useful for us. We have revised it following your comments and we hope this will improve the quality of the manuscript. Let us reply to your comments one by one:

1. Abstract should be revised. The current version reads like an introduction, with generic statement on colchicine poisoning. I recommend revising the abstract to cover the

importance of colchicine poisoning, followed by a brief description of the case presented and important take home message.

Reply from the authors: We have revised the abstract according to your comments and the editor's requirement. We have added background, case summary, conclusion and core tip parts. We have also emphasized the importance of chronic colchicine poisoning in the abstract. The conclusion and core tip parts include the take-home message.

2.Introduction reads like an abstract. Please revise. An introduction should describe the importance of the problem of focus and include appropriate citations.

Reply from the authors: We have revised the introduction. We cited some latest researches and addressed the importance of chronic colchicine poisoning. We also introduced some of the latest findings of colchicine.

3.In the discussion, I recommend discussing about the appropriate use of colchicine for gout flare prophylaxis. According to most current gout guidelines, colchicine is used as flare prophylaxis only for the first 3-6 months and should be stopped once serum urate is sustained at a target level or once tophi have disappear. Furthermore, gout flare prophylaxis should not be used as the main treatment strategy. Urate-lowering therapy (i.e., allopurinol) is the anchor med for gout management.

Reply from the authors: We have revised this in the discussion part. Just as you have commented, the ACR guideline recommends starting urate-lowering therapy. Urate-lowering therapy is the anchor for the treatment of gout. Colchicine is recommended to use for the first 3-6 months and should be stopped when the tophi have disappeared. We have discussed this in the discussion section.