

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "**Case Report: Acute Pancreatitis with Pulmonary Embolism: The Combined Use of Extracorporeal Membrane Oxygenation with a Vascular Interventional Procedure**" (ID:71194). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

1. Please explain the period of use of ECMO for PE.

Response: Considering the Reviewer's suggestion, we have added the following content to the "Discussion" section of the article.

ECMO has been used in the following clinical scenarios for PE patients^[15, 17, 18]:
1) to rescue patients when thrombolytic treatment fails or as a temporary hemodynamic support prior to performing intervention and 2) to treat patients with refractory cardiogenic shock or cardiac arrest. Our patient experienced cardiac arrest and was both hemodynamically unstable and unable to tolerate interventional surgery and, as a result, he underwent ECMO therapy.

2. How long did it take to improve PE and coagulation factor (D-dimer) after using ECMO?

Response: It took six days to improve PE and coagulation factor (D-dimer) after using ECMO.

We have added the following content to the "Laboratory examinations" section. The patient's D-dimer level was significantly elevated (> 20 mg/L), and began to decline until day 18 of admission (17.42 mg/L), and the D-dimer level was 2.65 mg/L at discharge.

We have added the following content to the “Discussion” section.

However, it has been shown that treatment with ECMO alone may activate innate physiologic thrombolysis thus making it possible to achieve an improvement in the right ventricle and hemodynamic values^[14]. It is presently believed that ECMO mainly provides hemodynamic and respiratory support for critically ill patients whose condition is too unstable to tolerate either surgical or catheter-based embolectomy^[15]. The improvement of PE symptoms and the decrease in the D-dimer level are generally considered to be due to successful vascular interventional procedure.

Others:

1. We have shortened the title to no more than 18 words. The revised title is as follows:

Case report: Acute pancreatitis with pulmonary embolism: The combined use of extracorporeal membrane oxygenation with interventional surgery

2. We have shortened the running title no more than 6 words. The revised running title is as follows:

ECMO treatment for AP with PE

3. We have performed further language polishing.
4. We are very sorry that our authors except He BL are unable to receive the email successfully. Our mailboxes are of the same type (all with the suffix @enzemed.com). Therefore, we can't sign the copyright license agreement (CLA) online. So, we sign the paper version and upload it to the system.