

Dear editor,

I am very glad to receive your email, the point-by-point response to each of the issues raised in the peer review report as follows.

Reviewer #1:

1) Please correct all your typos and grammar errors.

Response: Thank you very much for your comments. We send the revised manuscript to a professional English language editing company for polishing. And submitted a new language certification to the journal web. Thanks for your suggestion.

2) Diabetes - some more information is required about type of diabetes, any explanations how 26-year old woman developed DM and so on. Did you find any complications that could be obviously associated with DM? I am asking because of the relatively high glycosylated hemoglobin - DM is not entirely compensated.

Response: This patient is a type 2 diabetes patient. She has been diagnosed with diabetes for 2 years. Her disease almost certainly because of poor diet and lack of exercise. She likes eating fried food, drinking drinks and does not like exercise. We added the type of her diabetes and the reason for her diabetes in the “history of past illness” part of the article.

Thank you for suggesting that we pay attention to the complications of diabetes in this patient. We went over all the patient's tests again, and we found the patient's abdominal B-ultrasound showed dense echo of liver parenchyma, with less sharp edges. Therefore, it was believed that the patient had fatty liver. We modified the B-ultrasound result of liver in the “laboratory examinations” part. In addition, we also found that the increase of blood uric acid was 424 $\mu\text{mol/L}$, and the normal reference range was 140-340 $\mu\text{mol/L}$, indicating the patient has metabolic disorder, which should be related to her diet. No other diabetic complications were observed. We added the result of blood uric acid to the “laboratory examinations” part, and added the patient has no other diabetic complications to the “history of present illness” part. Thanks for your suggestion.

3) The other endocrine disorders are not characterized. Did you check out it? I would generally conclude that this woman is quite not healthy in sense of some chronic

diseases. You must demonstrate all the main points.

Response: The patient reported no other discomfort, menstruation was regular, no abnormalities in kidney and adrenal B-ultrasound. She is not very fat. No other endocrine abnormalities were found. The menstruation situation was added to “personal and family history” part. The liver and kidney function tests were described in the “laboratory examination” part. “No other diabetic complications were observed” was presented in the “history of present illness” part.

Thanks for your comments.

4) Lipid metabolism: did you assess lipoprotein(a)? Please provide the reader with a number for C-RP.

Response: I am sorry that we did not assess lipoprotein(a). Your comments is very important. Lipoprotein(a) is closely related to atherosclerotic cardiovascular and cerebrovascular disease, familial hypercholesterolemia, congenital hyperlipoproteinemia, diabetes, etc. We will add lipoprotein(a) assession in the future diagnosis and treatment of patients. Thank you very much for reminding us. The CRP of the patient was 4.45mg/L, with a normal reference range of 0-10mg/L. We added the CRP result in the “laboratory examinations” part.

5) Lab markers: you have a follow-up and it means can potentially draw a figure or a table to demonstrate any changes. Please harmonize the content.

Response: thanks for your suggestion, we added a table to compare the laboratory examinations between the day of presentation of Lipemia retinalis and after 7 days of lipid-lowering treatment in the article.

6) Figures: the techniques must be described. Please deliver in some details which equipment (manufacturer, some details, magnification, calibration, a number of the involved experts) exactly was used.

Response: Your suggestions are very important, I have added the relevant equipment information in the “Imaging examinations” part of the article, thank you very much.

Reviewer #2:

Thank you very much for reviewing my article. Best wishes for you.

Best regards,

Shengjuan zhang