

Reviewer #1:

Nicely written case report and given the rarity is worthy of publication. I have 2 points to make: 1) PaO<sub>2</sub>/FiO<sub>2</sub> is a RATIO and therefore should be mentioned ONLY as a number. Ratio should NOT have units.

The authors have mentioned PaO<sub>2</sub>/FiO<sub>2</sub> of 39 mmHg. The unit "mm Hg" may please be deleted. 2) The authors mention that ECMO is an "unconventional" treatment for ARDS. This word may be deleted, since it is an established therapy for ARDS not responding to other forms of treatment.

Comment 1: "PaO<sub>2</sub>/FiO<sub>2</sub> is a RATIO and therefore should be mentioned ONLY as a number. Ratio should NOT have units. The authors have mentioned PaO<sub>2</sub>/FiO<sub>2</sub> of 39 mmHg. The unit "mm Hg" may please be deleted."

Response: We are grateful for your careful reading and recognition of our manuscript. we have deleted the unit "mm Hg" and revised the text as follows:

- 1) Because of the progressive dyspnea, the intensive care unit physician performed endotracheal intubation and continued to provide ventilator support, but the patient's respiratory distress worsened, as indicated by the ratio of arterial partial pressure of oxygen to fraction of inspired oxygen.
- 2) Six hours after tracheal intubation, the patient's respiratory distress worsened, with PaO<sub>2</sub>/FiO<sub>2</sub> ratio of 39
- 3) Physicians should strongly consider ventilation in a prone position when persistent hypoxemia cannot be relieved in ARDS patients with a PaO<sub>2</sub>/FiO<sub>2</sub> ratio of < 150.

Comment 2: "The authors mention that ECMO is an "unconventional" treatment for ARDS. This word may be deleted, since it is an established therapy for ARDS not responding to other forms of treatment."

Response: Thank a lot for your critical reading, we had modified the expression of the statement in the revised manuscript.

However, ECMO is also an invasive, costly and high-risk treatment, with complications such as thrombocytopenia and bleeding.

Reviewer #2: Elegant article that, in my opinion, needs to be entered data on the ventilatory parameters used and the initial (or continuous) sweep used in ECMO.

Response: We really appreciated your suggestions for the manuscript, we had added the information in the revision:

ECMO support was initiated with a blood flow of 3.0 L/min and a purge gas flow rate of 3 L/min. Ventilatory settings were adjusted to volume-controlled ventilation of 6 mL/kg ideal body weight, positive end-expiratory pressure of 8 cm H<sub>2</sub>O, peak inspiratory pressure of 40 cm H<sub>2</sub>O, respiratory rate of 20, and fraction of inspired oxygen of 100%.