

**Answering to Reviewer #1:**

Reviewer's Comment: Extensive language editing is must.

After finishing the revision, we have send the revised manuscript to the professional institution for language editing.

Reviewer's Comment: Microangiopathy has not been proved.

We have carefully examined the blood smears taken at the time when platelet transfusion refractoriness occurred and have found a small number of schistocytes, dacryocytes, acanthocytes and target cells presenting on the blood smears. The number of schistocytes was less than 10% of the total red blood cells but they are readily recognized and sufficient to demonstrate the presence of microangiopathic hemolysis. We have taken pictures and denoted the abnormal red blood cells on the picture in the revised manuscript (reflected in Figure 2 [page 9], page 10 line 9-12, page 12 line 6-10).

Reviewer's Comment: The number of relevant references can be reduced to less than 15.

We have reduced the references from 58 to 47 (reflected in page 14 line 19 to page 20).

Reviewer's Comment: Incidental suppression of thrombopoiesis in response to very high dose of steroid can't be a causal but needs proper literature review and large observation.

In this patients, the cytopenia was caused by the destruction of circulating blood cells due to the defects in the complement regulatory proteins and the formation of microvascular ultra-large von Willebrand factor string. The increased marrow cellularity and peripheral blood reticulocytes demonstrated the presence of increased turnover of blood cells rather than suppressed marrow productivity. The high frequency of thrombocytopenia during GC treatment was based on our observation in clinical practice. However no specific study have recorded the incidence of thrombocytopenia during GC treatment.

Reviewer's Comment: The text burden is high in the abstract, introduction

and discussion.

We have deeply revised the abstract, introduction and discussion sections and reduced the text burden to a large extent (reflected from page 3 line 1 to page 4 line 7, from page 5 line 2 to page 6 line 15, from page 11 line 2 to page 14 line 7).

Reviewer #2:

Reviewer's Comment: Authors showed a case of TMA induced by glucocorticoid treatment. The patient had aplastic anemia and PNH. Those complication made the diagnosis difficult. The patient was successfully treated. The careful observation was useful for the diagnosis and treatment. This case report was informative and useful for clinicians.

We are grateful for you to provide such encouraging comments.