

Dear Editor,

Thank you for your thoughtful suggestions, which inspired us a lot and helped us further improve the quality of the manuscript. Based on these comments and suggestions, we have made extensive modifications to the original manuscript. We hope that the new manuscript will meet your journal's standard. Below you will find the point-by-point responses to the editor's comments/questions and reviewers' comments/questions:

Responds to the reviewer's comments:

Reviewer #1:

1. The submission is very different concerning the quality of the English of the different sections of the text, the "submission" section is very good, the other parts need to be improved.

Response:

After the revision process, I will perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved.

2. The title deals with platelets, this point is not discussed in extenso in the submission, what is discussed and what is interesting is the treatment of HIT with Rivaroxaban. You should rethink your title or should focus more on the rivaroxaban.

Response:

I have changed the the title of the article to "Rivaroxaban for The Treatment of Heparin-induced Thrombocytopenia with Thrombosis in A Patient Undergoing Artificial Hip Arthroplasty: A Case Report and Literature Review".

3. The text is sometimes quite lengthy and should be shortened. General descriptions of HIT and PF4 are interesting but only cite other scientific work.

Response:

I have shorten the above descriptions of HIT and PF4 as suggested by the reviewer.

4. The incidence of HIT in LMWH patients is markedly lower than in UFH and is 0,1-0,5%. This should be changed in the text. Moreover it is not impossible that the UFH administration is source of the HIT.

Response:

The text mentions: The incidence of HIT in LMWH patients is markedly lower than in UFH and is 0.5-1.0%. I have corrected the above misexpression as suggested by the reviewer.

5. Please explain the ratio for warfarin therapy in a patient with pulmonary artery embolism.

Response:

Once pulmonary embolism is clearly diagnosed, anticoagulant therapy should be initiated as soon as possible. The main anticoagulants currently used are parenteral

anticoagulants and oral anticoagulants. After the use of parenteral anticoagulants, they should be converted into oral anticoagulants according to the actual situation. Warfarin is one of the commonly used oral anticoagulants, and also the most commonly used. The specific proportion has not been obtained through literature review. However, in recent years, because of the widespread use of new oral anticoagulants, the proportion of Warfarin has declined.

6. The patient only had arterial thrombosis which is less common compared to venous thrombosis, were there specific risk factors?

Response:

Thrombosis can occur in both veins and arteries in HIT patients, with an incidence rate of about 4:1. The following reasons should be considered for the patient with lower limb arterial thrombosis: The patient has had diabetes for three years, and following hip replacement surgery, she had suffered from diabetic ketoacidosis. Arteriosclerosis and arterial plaque are more common in diabetic patients, when the patient is still recovering from DKA. HIT is induced at this point. Lower limb arterial thrombosis may be brought on by the aforementioned variables when they are combined.