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Dear DR. Yan,

Thank you very much for your and the reviewers' thoughtful evaluations and positive review about our ms titled "Chronic infectious unilateral giant thyroid cyst related to diabetes mellitus: A case report" (Ms.: 90613).

In the revision of our manuscript, comments and issues raised by the reviewers have been carefully considered and appropriate changes (highlighted in yellow) have been made. Please find a point-by point response to the reviewers' comments (below). To clarify, we present those requests in *italics* followed by our responses. Additionally, we have proofread very closely our manuscript for avoiding mistakes and grammatical errors.

We are pleased that the reviewers agree that the manuscript will be a valuable contribution to the literature in this area. We hope that the revised manuscript will now be found acceptable for publication in your journal.

Your prompt consideration of our revision will be greatly appreciated.

Sincerely yours,

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Reviewer #1:

Review Comments to the Author

The article is within the scope of the journal and deals with an interesting topic.

It is well written and structured. Reading is fluid.

It is an original and innovative work that provides an advance in the state of the art in the area of knowledge.

However, it cannot be accepted in its current state:

a) The state of the art must be improved, both its writing and its content.

b) The motivation of the article should be improved.

c) The discussion must be rewritten. In it, the work presented must be compared with other similar ones, establishing the limitations and advances of the work with respect to others.

d) The materials and methods used should be better explained.

Thanks. We are very pleased that the Reviewer feels that the manuscript is interesting. We are very grateful to the Reviewer for his/her positive review and constructive comments/suggestions for improving our manuscript.

---a) The state of the art must be improved, both its writing and its content.

Response:

Thank you for your comments. We agree with you that we need to modify our manuscript in writing and content. Therefore, we had carefully revised our manuscript for achieving the suggestion by the reviewer and the standard of the Journal and **highlighted this modification** (summarized respectively in questions b to c).

---b) The motivation of the article should be improved.

Response:

Good point. We agree with you that we should improve the motivation of this case report. So, the current revision clearly reports the motivation of the manuscript and **highlighted this modification** (page 2 lines 20 to 22, page 5 lines 2 to 4, and page 9 lines 4 to 15).

---c) The discussion must be rewritten. In it, the work presented must be compared with other similar ones, establishing the limitations and advances of the work with respect to others.

Response:

Thank you for your advice. We agree with you that the discussion should be written more thoughtful and comprehensive. We had carefully revised the discussion of the manuscript for describing in detail the limitations and advances of the work with respect to others and **highlighted this modification** (page 8 lines 18 to 22, and page 9 lines 4 to 15).

---d) The materials and methods used should be better explained.

Response:

We appreciate the reviewer's apposite suggestion. We agree with the reviewer that this manuscript should better explained the materials and methods used. So, the revised manuscript modified the materials and methods and **highlighted this modification** (page 5 lines 2 to 4, and page 5 lines 6 to 7).

Reviewer #2:

Dear authors you describe in your case, that the continuous enlargement of the thyroid cyst and the accumulation of infected content in the cyst may have been caused by repeated chronic infection due to comorbid DM, but you don't report the value of HbA1c. Please add to this data

Response:

Thank you for your careful review and apposite suggestion. In the manuscript, we may initially identify the main diagnosis of this patient as a giant thyroid cyst accompanied with the comorbidity diabetes mellitus (DM), and then focus on the disease evaluation and manipulation of the giant thyroid cyst, but at last, that is postoperatively, we just carefully think and review the development and progression of the chronic infectious thyroid cyst with 44 years history complicated with 7 years DM. Moreover, we also pay attention to the complications of DM, such as mild iron deficiency anaemia and hypoalbuminemia. Of course, the glucose was repeatedly tested at admission and perioperative period. However, the hemoglobin A1c (HbA1c) level was just detected two months before admission, with a 7% value; moreover, the patient's family members told us the patient usually received nearly quarterly to every four months DM follow-up visit and the HbA1c stayed at 6.5% to 7.5%. Lastly, the patient was also suggested to test HbA1c according to the previous follow-up plan, and at last follow-up, the patient's daughter reported a better HbA1c level after periodic insulin treatment, with a 6% value. So, the present revised manuscript added HbA1c data detected two months before admission (page 3 line 16) and the value at last follow-up (page 8 lines 6 to 7) and and **highlighted this modification**.