

October 20th, 2023

Dr. Jerzy Tadeusz Chudek
Editor-in-Chief
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Dear Dr. Jerzy Tadeusz Chudek

Thank you for reviewing our manuscript entitled, "Severe aconite poisoning successfully treated with veno-arterial extracorporeal membrane oxygenation: A case report with detailed toxicological analysis". We appreciate the time and effort you and the reviewers have dedicated to providing insightful feedback on ways to strengthen our paper.

Please find enclosed the revised version of our manuscript for further consideration. We have incorporated changes that reflect suggestions provided by reviewer #1. Our responses to the reviewer's comments follow on the subsequent pages. We hope that our manuscript is now in condition for publication and look forward to hearing from you.

Sincerely yours,

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<Comments of Reviewer #1>

Reviewer #1: In this study, the authors described a case of severe aconite poisoning that was successfully treated with veno-arterial extracorporeal membrane oxygenation (VA-ECMO). The topic is interesting. Some concerns and suggestions are listed as below: The English of this manuscript should be edited. For example, 'after a neighbor found him lying' in the part of Chief complaints. When this patient was treated after aconite poisoning. When VA-ECMO should be used in clinical practice? The part of introduction was too simple. The authors should mention why this case is novel? Any similar cases regarding VA-ECMO in poisoning in the literature? Long-term follow-up should be done. A time-line should be provided. Imaging results can also be provided. Laboratory examinations before and after treatment (at different time points) should be compared.

<Response to the reviewer's comments>

Thank you very much for your helpful comments. We consider that VA-ECMO should be initiated as soon as possible when circulatory collapse becomes refractory to conventional treatments in patients with aconite poisoning. The novelty of this case is to show that detailed toxicological analyses can demonstrate the need for VA-ECMO in patients with severe aconite poisoning. There have been several cases of severe aconite poisoning with VA-ECMO. Arrhythmias due to aconite poisoning are often resistant to defibrillation and antiarrhythmic drugs. Prolonged cardiopulmonary resuscitation and cardiopulmonary bypass should be considered as "time-buying" strategies to allow the body to excrete the toxic alkaloids.

In the present case, the patient was transferred to a psychiatric hospital without physical sequelae on day 15 and no long-term follow-up was conducted. As per your suggestion, imaging results are appended. The only significant change in the laboratory examinations before and after treatment was the blood concentration of aconitine, which has already been described.

<Changes made to the manuscript>

Page 3, Line 4: We added the sentence "Arrhythmias due to aconite poisoning are often resistant to defibrillation and antiarrhythmic drugs. Prolonged cardiopulmonary resuscitation and cardiopulmonary bypass should be considered as "time-buying" strategies to allow the body to excrete the toxic alkaloids [1]."

Page 14, Line 5: We added Reference 1 to the list.

1)J.M.Coulson, T.M.Caparrotta ,J.P.Thompson. The management of ventricular dysrhythmia in aconite poisoning. Clin Toxicol.2017; 55(5):313-321.

Page 3, Line 14: We amended the sentence to read: “after a neighbor found him collapsed in the hallway...”

Page 4, Line 16: We added the sentence “Chest and abdominal radiographs showed no abnormal findings. Upper endoscopy showed no aconite remaining in the stomach.”