

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Successful treatment of a patient with gastrointestinal infection-induced septic acute kidney injury using extracorporeal blood purification with the oXiris® hemofilter: a case report and literature review(Manuscript NO: 66888)". Those comments are all valuable and very helpful for revising and improving our manuscript, as well as the important guiding significance to our researches. We have read the comments carefully and made corrections which we hope meet with approval. Revised portions are marked in blue in the paper. The main corrections in the paper and the point-to-point responses to the comments from reviewers and editors are as following:

Responses to the reviewer's comments :

Reviewer 1:

1. the authors diagnosed the patient had gastrointestinal septic shock. The patient had blood culture which yielded *Klebsiella pneumoniae* but there was no stool specimen examination and associated culture result. More evidence or descriptions are needed to convince the readers this patient truly had "GI-origin" septic shock.

Response:Salmonella and Shigella were not detected in the stool culture of this patient. The test result of Clostridium difficile toxin A was negative, and the test result of Clostridium difficile toxin B was also negative.The proportion of fecal cocci is mostly gram-negative bacilli and a few gram-positive cocci. However, the patient had diarrhea due to an unclean diet. The patient reported initially experiencing diarrhea with water-like stools more than 10 times per day that was accompanied by abdominal pain, nausea, and vomiting. The patient did not have any history of past illnesses. Therefore, we believe that this patient truly had a "GI-origin" septic shock.

2. Based on blood examination result, the patient also had acute hepatitis (elevated aspartate aminotransferase). Did the authors had more workup for this finding? (e.g., viral hepatitis profile, autoimmune profile, etc).

Response:The patient's aspartate aminotransferase was elevated, and we conducted further studies. Regarding viral hepatitis, we tested the antigens and antibodies of the hepatitis virus, such as HBsAg, HBsAb, HBeAg, HBeAb, HBcAb, and HCV. The results were all negative. Regarding autoimmune hepatitis, the patient's alanine aminotransferase 47U/L, we further carried out an immunobiological examination, including ANA, SMA, SLA, LKM, and other autoantibodies were negative.For acute hepatitis, we carried out liver protection treatment and

actively treated septic shock. After treatment, the patient's aspartate aminotransferase gradually dropped to normal levels.

3. Did the patient have follow-up lactate level according to the sepsis guideline? (6-hour level, lactate clearance)

Response: The condition of critically ill patients changes rapidly. Monitoring the lactate level at a certain moment cannot dynamically reflect the change of the body's condition and the severity of the disease, while dynamic monitoring of the lactate level can more accurately reflect the perfusion and oxygenation of tissues and organs. We dynamically monitor the severity of changes in lactate level. The 6h lactate level was 2.1mmol/L, and the 6h lactate clearance rate was 40%.

4. I searched the literature and there was already a very recent case report published in other journal regarding the intra-abdominal septic shock treated successfully with oXiris in China (doi: 10.1097/MD.00000000000019632). The authors may want to highlight the uniqueness of their case since both case reports share some identical idea in the text.

Response: This report (doi: 10.1097/MD.00000000000019632) presented a case of abdominal septic shock, this patient was treated with CRRT and endotoxin absorption by oXiris. One of the limitations of this case report is that the concentration of inflammatory mediators of endotoxin in the

blood was not measured. Because the oXiris® hemofilter is characterized by adsorption of endotoxin and inflammatory mediators, in our case report, we dynamically monitored the levels of endotoxin and IL-6 and IL-10. With the progress of CRRT and changed the oXiris® hemofilter every 12 h, the levels of endotoxin and inflammatory factors gradually decreased, which provided a basis for explaining the improvement of the disease.

Responds to the editor's comments :

Science editor:

1. Academic norms and rules: The authors provided the CARE Checklist (2016) and written informed consent. The authors need to provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement.

Response: In accordance with the editor's opinion, we submitted the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement.

2. I found no "Core Tip", please add the "Core Tip", the content of Core Tip is controlled between 50-100 words.

Response: We followed the editor's opinion and submitted Core Tip.

3. I found the title was more than 18 words. The title should be no more than 18 words.

Response: We revised the title in accordance with the editor's opinion, the title is no more than 18 words.

4. I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: We followed the editor's opinion and submitted the original figures.

5. I found the authors did not add the PMID and DOI in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

Response: We follow the editor's opinion and add the PMID and DOI to the reference list.

Company editor-in-chief:

1. I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the

basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words).

Response: We revised the title in accordance with the editor's opinion, the title is no more than 18 words.