

Dear Professor Bloomfield,

We are very glad to hear from **World Journal of Clinical Cases** that a revision of our manuscript is warranted. We revised the manuscript according to the suggestions of the reviewers and provided a list of the responses we made for all the comments which located in the following sections. The changes we made were highlighted in the revised version and the revised manuscript was conformed to the journal style. We hope that the responses can fulfill the requests and our manuscript will soon be accepted and published by **World Journal of Clinical Cases**.

With kind regards,

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Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: 1. In the abstract author referred to previous clinical case report, which require citation of that report. 2. The conclusion for vision is drawn on 67 months follow-up. It is recommended to include a table and present the vision score by time dependent manner. 3. In the discussion authors need to focus on why AMT graft is successful. A brief mechanism should be discussed. 4. Typo and grammatical errors need corrections.

➔Response: Thank you for the suggestions. We added a table of visual acuity by time dependent in table 1. The mechanism of AMT for infection corneal ulcer is further discussed at Lines 168-184. Typo and grammatical errors were corrected.

Reviewer #2:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: This is an excellent case report on the use of Amniotic membrane transplant to cure corneal lesion due to Streptococcus mitis. The manuscript is well written and

innovative as it concerns a new method to treat this lesion.

➔Response: Thank you very much.

Reviewer #3:

Scientific Quality: Grade D (Fair)

Language Quality: Grade A (Priority publishing)

Conclusion: Major revision

Specific Comments to Authors: This case report described a patient with persistent corneal ulcer caused by *Streptococcus mitis* infection, who was treated with sensitive antibiotics in combination with AMT, resulting in ulcer healing and better vision. The treatment of *Streptococcus mitis* and the long follow-up time after operation and good vision recovery are the highlights of this paper. There are some issues as follows:

1. Active infection is a contraindication for AMT, so it is not suitable for patients with uncontrolled infective corneal ulcer. This case can be regarded as an AMT performed after the pathogen was completely eliminated 2 weeks after antibiotic administration, which needs to be mentioned in the discussion so as not to mislead readers.

➔Response: In the treatment section, we described the AMT was performed 2 weeks after topical vancomycin and ceftriaxone at Line 108. In the conclusion, we illustrated treatment was combination of antibiotics and AMT at Line 202-203.

2. Please supplement preoperative OCT images: In Figure 1, the authors showed the slit lamp front segment photograph of the corneal ulcer, but did not provide relevant OCT images of the cornea, so the actual ulcer depth and residual corneal thickness could not be determined. OCT images in FIG. 2 showed that there was no obvious thinning of the cornea at the lesion, so it could be inferred that the residual thickness of the cornea before AMT would not be too thin. It is debatable whether she can be diagnosed as descemetocoele and whether there is a risk of perforation.

➔Response: We are sorry but the patient did not undergo AS-OCT examination before treatment. Accordingly, the depth of the corneal ulcer should be estimated by slit-lamp biomicroscopy. While thinning of corneal stroma was noted.

3. Corneal persistent ulcer causes more, combined with the patient history, break out repeatedly sexually jealous consider viruses, neurotrophic factors, vancomycin toxicity, ulcer surface deeper cause tears dry coating uneven factors are likely, in AMT can try to stop using vancomycin, preoperative use oil ointment, serum eye drops for conservative treatment. The origin and preservation time of the amniotic membrane are not mentioned. The logic of the treatment is not perfect. There are many reasons for persistent corneal ulcer. In combination with the patient's previous history of recurrent redness of the eye, viral factors, neurotrophic disorders, vancomycin

toxicity, and uneven tear coating due to deep ulcer surface may be considered. Vancomycin can be stopped before AMT, and oil ointment and serum eye drops can be used for conservative treatment. The origin and preservation time of the amniotic membrane are not mentioned. The logic of the treatment is not perfect.

➔Response: The amniotic membrane was origin from a healthy C-section woman who was sero-negative of HIV, HBC, HCV, and syphilis. It was stored in DMEM and glycerol (1:1) in -80 °C. The preservation time of the amniotic membrane was 9 months.

4. Discussion is too thin: the role of AMT in this case is not fully developed. In addition to covering the wound, promoting wound healing, anti-inflammatory, and acting as the basement membrane for epithelial growth, amniotic membrane may also have played a role in avoiding tear coating disorder on ulcer surface and isolating antibiotic toxicity in this case.

➔Response: We added the discussion of the mechanism of AMT for infectious corneal ulcer at Lines 168-184.

5. Please add the latest references: 3/14 is in recent 5 years, 0 is in recent 3 years.

➔Response: We added more references with total 8/30 in in recent 5 years and 3/30 in recent 3 years.

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Reviewer #1:

The biggest defect of this article is that there is no preoperative OCT that can accurately measure the preoperative corneal thickness, and slit lamp cannot accurately evaluate the preoperative corneal thickness, so it is less convincing for the very important visual recovery effect mentioned in this case.

➔Response: Thank you for the comment. Although we did not have pre-operative AS-OCT examination, the depth of the corneal ulcer was obviously demonstrated by slit-lamp biomicroscopy. In the magnified pictures of Figure 1A shown below, the central corneal thickness was less than half of corneal thickness at the vicinity of the lesion.

