

Answering Reviewers

First of all, I am very grateful to the two reviewers for their comments. According to the comments of the reviewers, we have made corresponding revisions. The revisions are described as follows:

Reviewer #1:

1. Regarding the use of anticoagulants, we recommended that we switch to warfarin in January 2021 according to the guidelines, but the patient said that it was difficult to adjust the dose of warfarin and expressed that there were many side effects. Finally, because he refused to use warfarin, So he has been taking rivaroxaban for anticoagulation.
2. Thanks for the correction, I have made changes to Figure 1.
3. Thanks for the correction, Figure 4 has been added to illustrate the changes in lupus anticoagulant.

Reviewer #2:

1. The reason why the patient develops refractory deep vein thrombosis is that patients with KS syndrome are prone to thrombosis, and their antiphospholipid antibodies and lupus anticoagulants are significantly elevated on admission, which is consistent with the diagnosis of catastrophic antiphospholipid syndrome.

2. Reasons why patients prefer immunoadsorption:

The patient's antiphospholipid antibodies are extremely elevated, combined with multiple thrombosis throughout the body, there is a tendency for catastrophic antiphospholipid syndrome. If the antibody titer is not lowered as soon as possible, serious consequences may occur in the short term. Finally, we decided to use blood purification technology to quickly reduce antibody titers in a short period of time. Considering the poor selectivity of ordinary plasma exchange separation technology and greater side effects, we finally chose the IAS.

Modifications have been made in manuscript "Treatment".

3. We acknowledge the limitations of this treatment experience and have made changes in the manuscript "CONCLUSION".

4. We have appropriately shortened the content of the manuscript, thank you for your correction.