

For Reviewer 1:

1. The uniqueness of this case report is his cataract owing to idiopathic parathyroid insufficiency. We want to convey to the readers that this patient is first diagnosed with department of ophthalmology due to cataract, But further examination revealed abnormal parathyroid function.
2. He underwent cerebral surgery for epileptic seizures for other hospital. The patient only provided a cerebral surgical history, But the details are not clear.
3. The reference range for PTH is 12.40-76.80pg/mL. PTH level of 0 mean that its real result is less than 1pg/mL. Therefore 0 is given by laboratory department in our hospital. Chemiluminescence assay is used in this case.
4. This case report has been written from an ophthalmological aspect.
5. The patient had no other positive symptoms apart from blurred vision. The patient had no history of ocular diseases. For cataracts in young adults, we identify whether the patient has diabetic cataracts, complicated cataract or traumatic cataract, etc. But this patient has denied relevant medical history. We have described in the patient information.
6. For this patient treatment we primarily corrected the patient's hypocalcemia and completed ocular surgery. He requires further standardised treatment and follow-up in the endocrinology department after ocular surgery.

For Reviewer 2:

1.He underwent cerebral surgery for epileptic seizures for other hospital. The patient only provided a cerebral surgical history, But the details are not clear.

2.Grading of cataract (both PSC and Cortical Cataract) as per standard grading system (i.e. LOCS III): N1C2P3

3.The evaluation was performed at the sole discretion of ophthalmologists before cataract surgery and was referred to concerned department only after cataract surgery was performed.

4.We performed phacoemulsification surgery with implantation of IOLs (+20.0 diopters in right eye; +20.5 diopters in left eye; ZCB00, Johnson & Johnson, Santa Ana, USA) in both eyes at one-month intervals

5.The primary disease of the patient is hypoparathyroidism, So the follow-up is mainly in the endocrinology department. The rest have been added in the corresponding parts of the text.