

Answering Reviewers

Dear Editors and reviewers of the *World Journal of Clinical Cases*

We are sincerely grateful for your thorough consideration and scrutiny of our manuscript, "**Antiphospholipid syndrome with renal and splenic infarction after blunt trauma: A case report**", manuscript ID 77000.

Through the accurate comments made by the reviewers, we better understand the critical issues in this paper. We have revised the manuscript according to the reviewer's suggestions. We hope that our revised manuscript will be considered and accepted for publication in the *World Journal of Clinical Cases*. We acknowledge that the scientific and clinical quality of our manuscript was improved by the scrutinizing efforts of the reviewers and editors.

The changes within the revised manuscript were marked in red. Point-by-point responses to the reviewers' comments are provided below.

Responses to Reviewer #1:

- 1) **Reviewer's comment:** Hyphenation should be inserted in every second paragraph.

Author's response: Thank you for your kind suggestions. Language polishing and hyphenation were performed by American Journal Experts (<http://www.aje.com>).

- 2) **Reviewer's comment:** Acknowledgements should be added if corresponds.

Author's response: Thank you for your insightful comment. There were no acknowledgments, and this was described in the manuscript as "**This report has received no external funding.**".

- 3) **Reviewer's comment:** Scale bars should be added in Figures.

Author's response: Thank you for your helpful suggestion. Scale bars were inserted for each figure.

Responses to Reviewer #2:

- 1) **Reviewer's comment:** The Case reports mentions that the diagnosis of antiphospholipid syndrome (APS) requires the patient to meet at least one clinical criterion and one laboratory criterion. It is recommended that specific diagnostic criteria be provided there.

Author's response: Thank you for your kind suggestions. Considering that the diagnosis of APS was only roughly described, each specific diagnostic criteria was added. However, since the criteria itself was too detailed, it was not possible to include them all, and the following modifications were made. "Clinical criteria include clinical episodes of arterial, venous, or small vessel thrombosis or pregnancy morbidity. Vascular thrombosis of clinical criteria can be diagnosed with pathologic confirmation or appropriate imaging studies. Laboratory criteria include LA, aCL IgG and/or IgM, or anti- β 2-GPI IgG and/or IgM detected twice or more within an interval of at least 12 weeks^[1]."

- 2) **Reviewer's comment:** The diagnosis of APS must exclude the secondary thrombosis caused by autoimmune disease, tumor and infection. In this paper, LA was weakly positive 7 days after injury, and other laboratory tests showed no abnormalities. It is suggested to provide more evidence for the diagnosis of APS.

Author's response: Thank you for your insightful comment. According to the Sapporo criteria for APS (Sydney revision 2006), the patient had clinically vascular thrombosis and this episode meets the clinical criteria. Also, since LA is an antibody with high specificity^[2], the initial LA test showed a weak positivity and it was judged that the possibility of APS was high. The result of LA test performed at the rheumatology outpatient was moderate positive,

confirming the diagnosis of APS. We have revised the manuscript to express it more clearly and in detail.

- 3) **Reviewer's comment:** White blood cell count, $21.8 \times 10^3/\mu\text{L}$ (Normal range, 4.8 10.8); Neutrophil, 86.8 % (50 75) In order to clarify the diagnosis of APS, it was suggested to improve the examination, and pathology confirmed that the formation of thrombus was unrelated to the inflammation of vascular wall.

Author's response: Thank you for your advice. According to the APS diagnostic criteria, vascular thrombosis of clinical criteria can be diagnosed with pathologic confirmation or appropriate imaging studies^[1]. Therefore, pathologic confirmation is not essential for the diagnosis of APS. Although pathologic confirmation was not performed in this patient, vessel complete occlusion was confirmed by arteriography. In addition, vessel wall biopsy was not performed because it was a very invasive procedure, and it was particularly difficult to perform in trauma patients.

- 4) **Reviewer's comment:** It is recommended that the authors provide the results of platelet examination.

Author's response: Thank you for your insightful comment. The results of platelet examination were added as “platelet count, $172 \times 10^3/\mu\text{L}$ (130-450);”.

REFERENCES

- 1 **Miyakis S**, Lockshin MD, Atsumi T, Branch DW, Brey RL, Cervera R, Derksen RH, PG DEG, Koike T, Meroni PL, Reber G, Shoenfeld Y, Tincani A, Vlachoyiannopoulos PG, Krilis SA. International consensus statement on an update of the classification criteria for definite antiphospholipid syndrome (APS). *J Thromb Haemost* 2006; **4**: 295-306 [PMID: 16420554 DOI: 10.1111/j.1538-7836.2006.01753.x]
- 2 **Garcia D**, Erkan D. Diagnosis and Management of the Antiphospholipid Syndrome. *New England Journal of Medicine* 2018; **378**: 2010-21 [PMID: 29791828 DOI: 10.1056/NEJMra1705454]

