

Dear editor,

Thank you for reviewing our manuscript entitled "A novel AVPR2 gene mutation in a patient with congenital diabetes insipidus with diarrhea symptoms: A pediatric case report". We are pleased that you and the reviewer liked our study, and we appreciate the constructive comments and suggestions. We have carefully studied these comments and revised the manuscript based on your suggestions. Our responses to the reviewer's comments have taken into account the views of all authors.

Responses to the Reviewer:

This case reports a report of a new locus mutation in the AVPR2 gene in a child with congenital renal diabetes insipidus. This is a case worth study. However, our case reports are somewhat limited due to the low clinical incidence of the disease and relatively few studies.

Reviewer#1

Specific comments: This is an interesting case, but I have a few comments.

1) The authors write that "The patient denied any family history.", but the patient is a 48-day-old boy who cannot speak. Therefore, it is more correct to write that "the patient's parents deny any family history."

Response: We agree and thank you for your constructive suggestion. The text has been revised as follows: "The patient's parents denied any family history."

2) The authors write "10 items of prenatal and postnatal care, 6 items of immunity". Please specify which ones. 3) Please, spell out all the abbreviations and give the norms for laboratory indicators.

Response: Thank you for your comment. We listed the relevant standards according to the test items of our hospital. The reference indicators in different hospitals are provided, but the vast majority fluctuate within a certain range.

No.	Code name	Indicator tested	Reference value	Unit
1	Toxo IgM	Toxoplasma IgM antibody	0-7	AU/mL
2	Toxo IgG	Toxoplasma IgG antibody	0-8.8	IU/mL
3	RV IgM	Rubella virus IgM antibody	0-22.5	AU/mL

4	RV IgG	Rubella virus IgG antibody	0-10	IU/mL
5	CMV IgM	Cytomegalovirus IgM antibody	0-20	AU/mL
6	CMV IgG	Cytomegalovirus IgG antibody	0-14	U/mL
7	HSV-1 IgM	Herpes simplex virus type I IgM antibody	0-1	COI
8	HSV-1 IgG	Herpes simplex virus type I IgG antibody	0-1	COI
9	HSV-2 IgM	Herpes simplex virus type II IgM antibody	0-1	COI
10	HSV-2 IgG	Herpes simplex virus type II IgG antibody	0-1	COI

6 items of immunity Complement C3

Response: Thank you for your comment. We listed the relevant standards according to the test items of our hospital. The reference indicators in different hospitals are provided, but the vast majority fluctuate within a certain range.

No.	Code name	Indicator tested	Reference value	Unit
1	IgG	Immunoglobulin G	2.75-12.3	g/L
2	IgA	Immunoglobulin A	0.1-0.57	g/L
3	IgM	Immunoglobulin M	0.6-2.63	g/L
4	C3	Complement C3	0.64-1.63	g/L
5	C4	Complement C4	0.14-0.41	g/L
6	CRP	C-reactive protein	0.00-4.00	mg/L

Reviewer#2

Specific comments: The Authors present an instructive case of congenital diabetes insipidus AVPR2 gene mutation at a new site with diarrhea

symptoms in a baby. The case is well presented and documented. Although with all the limitations of any case report, I think it deserves dissemination.

two minor comments:

1、 can the Authors expand on the treatment and follow-up plan?

Response: Thank you for your comment. After reviewing the literature, we learned that no specific treatment method is currently reported for CNDI, and the treatment in clinical practice mainly involves symptomatic treatment. Regarding drug therapy, one study reported that hydrochlorothiazide is the current drug of choice for the treatment of CNDI. After a clear diagnosis was made, several experts conducted a clinical evaluation of the clinical symptoms of the child's performance and further determined the treatment plan. Therefore, oral hydrochlorothiazide was administered twice daily based on the child's body weight of 1-2 mg/kg. After one year of clinical observation, the child's condition was well controlled, and the drug was changed to once daily (the specific dosage remained unchanged).

During the follow-up period, the data were regularly collected from the family members of the child, including daily water intake, urine output, body temperature, duration of fever, number of diarrhea, and changes in weight and height per month. The treatment plan was adjusted according to the physical state of the child.

2、 some English polishing is necessary

Response: We agree, and thank you for your constructive suggestion. According to your advice, this manuscript was edited for proper English language, grammar, punctuation, spelling, and overall style by one or more of the highly qualified native English speaking editors at AJE. AJE specializes in editing and proofreading manuscripts for submission to peer-reviewed journals.