

**Nov 27, 2021**

**Dear Editor,**

**Name of Journal:** World Journal of Clinical Cases

**Manuscript NO:** 71136

**Column:** Case Report

**Title:** Direct antiglobulin test-negative autoimmune hemolytic anemia in a  $\beta$ -thalassemia minor pregnancy: A case report

I have made my best effort to resolve all the issues in the manuscript based on the peer review report and here is the point-by-point response to each of the issues.

1) In the Background section of the abstract, please remove or change the following phrase as it is scientifically incorrect: "Thalassemia minor is a common complication of pregnancy in Southern China". Thalassemia is not a complication of pregnancy but it may complicate normal pregnancies.

Here we meant the thalassemia may complicate normal pregnancies, but the phrase "complication" is incorrect. Due to the high prevalence of thalassemia carrier in Southern China, we can often see pregnancy with thalassemia carrier. The sentence has been revised as "The prevalence of thalassemia carrier can be as high as 20% in some area of Southern China."

2) In the case summary section of the abstract, please write "multiparous patient" instead of "multipara" only.

The inappropriate words have been corrected.

3) Please use the terms "week" and "month" instead of "wk" and "mo", respectively.

The inappropriate phrase have been corrected.

4) In the discussion section (page 8, line 2), please provide a reference for the following phrase "however, pregnancy is considered one of the risks that trigger AIHA". I personally did not know that there is a relation between pregnancy and AIHA, so there should be a reference for this information. If you are not able to provide a reference, then please delete the phrase.

After referring to the literature I thought that mentioned the information again, I found that pregnancy is not present in the cause of secondary AIHA. Thank you very much for correcting this.

5) I would suggest mentioning in the discussion that ovarian teratomas were suggested as a possible trigger of AIHA in pregnant and non-pregnant patients, and citing the following paper: [www.doi.org/10.15537/smj.2019.4.24107](https://doi.org/10.15537/smj.2019.4.24107) I think this will make the discussion more thorough.

We download the paper and learn a lot, ovarian teratomas were truly listed as a cause of secondary AIHA, which we neglected. We need to screen for teratoma of the ovary when AIHA occurs during pregnancy, we cited the paper to emphasize this.

6) In the conclusions, I would suggest writing that Coombs-negative AIHA should be suspected in cases of severe hemolytic anemia in pregnant patients with and without other hematological diseases. I believe this is the main take-home message of the manuscript and it should be highlighted more clearly.

The conclusion part of this article is the part that I ponder over and over, your suggestion has enlightened me, Thank you again. The revision has been made.

7) I suggest having the manuscript revised by someone fluent in English or a native English speaker as the written language needs to be improved.

We had the manuscript revised by native English speaker to improve the language.

Thanks!

Sincerely Zhou Yang