

Dear Editor-in-Chief,

Thanks for the Editor's and the Reviewers' comments on our manuscript entitled "Neisseria mucosa: a rare cause of peritoneal dialysis-related peritonitis: A case report (No: 83639)". These comments are of utmost value to help us revise and improve our paper. We have studied the comments carefully and made amendments which we hope could meet with your approval.

I enclose herewith a revised manuscript which includes the full details of our responses to the Editor's and the Reviewers' comments. The revised portions are underlined in red. Please find enclosed our point-by-point responses to these comments and questions.

Response to Reviewers:

Reviewer #1: what is the cause of the chronic kidney disease from which the patient suffers?

Response:

We appreciate Reviewer #1's comments. The patient was diagnosed with stage 5 chronic kidney disease five years ago, combined with renal hypertension and renal anemia. She was treated with peritoneal dialysis for renal replacement therapy, and with compound α -keto acid tablets, amlodipine tablets, and clonidine tablets.

2. On page 4 line 27, "enlarged liver or spleen" would better convey the meaning of this sentence.

Response: Thanks for the comments. We have made changes.

3. On page 5 line 29 and on figure 2, it is stated that there was peritoneal thickening after treatment of the infection. The authors should consider the possibility that the thickening was caused by the peritoneal infection, rather than by the treatment (which is implied in the current sentence).

Response: Thanks for the comments. We have made changes. Two weeks later, reexamination with CT showed that after treatment of peritonitis, peritoneal thickening has not been completely absorbed caused by peritonitis. (Figure 2).

Reviewer #2:

1. Several grammatical error in written language such as, 1. chronic kidney disease stage 5, would be better written as stage 5 chronic kidney disease

Response: We appreciate Reviewer #2's comments. We have made changes.

2. In History of present illness paragraphs, we recommend using common pain scale such as Visual analogue scale etc.

Response: Thanks for the comments. We use the Visual analogue scale to evaluate the pain score. Symptoms started 2 days before presentation with no obvious cause of upper abdominal pain (the Visual analogue scale was 2)

3. We suggest to include a short paragraph regarding microbiological characteristic of *Neisseria mucosa*

Response: Thanks for the comments. *Neisseria mucosa* was Gram-negative diplococcus, with large colonies and mucus type, often fused together. Most strains do not produce pigment, or light gray to light yellow. It can decompose glucose, maltose, fructose and sucrose.

4. The author mentioned the preparation of arteriovenous fistulation, we suggest to add long term plan regarding this AVF preparation whether it was prepared as peritoneal dialysis?

Response: Thanks for the comments. We have made changes. The purpose of surgical treatment is to change his treatment plan from peritoneal dialysis to hemodialysis three months after the operation.

With best regards,

Yours sincerely,

Dr. Si-Yu Liu, MD