

July 7th, 2023

Editors and reviewers

World Journal of Clinical Cases

Dear editor and reviewers,

Thank you very much for reviewing our manuscript. In the present submission, we revised our manuscript according to the reviewer's comments. Our point-to-point responses to the comments are listed in the following pages. The revised manuscript with marks was also attached in the following pages, where the deletions were marked by the strikethrough font and additions by yellow highlights. We hope our revised manuscript and our responses will be sufficient to make our manuscript acceptable for publication in your journal.

Thank you very much again for your time and consideration. We are looking forward to hearing from you soon.

Sincerely,

Tingting Wen, M.D.

Department of Anesthesiology, the First Affiliated Hospital

School of Medicine, Zhejiang University

Qingchun Road 79, Hangzhou 310003, China

Tel: 0086-0571-88208006

Fax: 0086-0571-88208022

Email: tingting.wen@zju.edu.cn

Round 1

Response to the reviewer

Review #1:

Novelty of This Manuscript: Grade B (Good)

Creativity or Innovation of This Manuscript: Grade B (Good)

Scientific Significance of the Conclusion in This Manuscript: Grade B (Good)

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

Conclusion: Major revision

Re-Review:

Review 1#

1. Bilateral vocal cord polypectomy is a simple operation not a minor operation. Therefore, I advise the authors to replace the word "minor" with "simple".

Response: Thank you for the advice. Indeed, vocal cord polypectomy is an easy and simple procedure for this patient. Thus, we have changed “minor” into “simple”.

2. There is no running title in the manuscript file.

Response: The running title was added in the revised manuscript.

3. Keywords: Should be 6 in number, each keyword started with a capital letter, and separated from each other with a semicolon according to the journal style.

Response: Key words were changed into 6 words and presented according to the journal style.

4. Introduction: There is no challenging part (i.e. why the authors consider the case as a case report).

Response: Thank you for the comment. The second paragraph of the introduction is revised slightly. Endocrine etiology for perioperative hypotension is not common.

Mostly the endocrine abnormalities will give the patient symptoms and be treated before the surgery. Treatment of endocrine disease will largely reduce the perioperative risks. Our patient is asymptomatic before surgery but developed persistent hypotension after surgery. We hope our revision for this part makes our point.

5. Case presentation: The authors should focus about the presentation of the case (postoperative hypotension due to empty sella syndrome) rather than the indication of surgery (bilateral vocal cord polyps). Therefore, rewritten this section is highly recommended.

Response: Thank you for the comment. Case presentation is rewritten focusing on the postoperative hypotension due to empty sella syndrome.

6. Discussion: The following paragraph "Patients undergoing minimal invasive surgeries show increased cortisol values over 24 hours post-surgery and the cortisol level is doubled than that of the healthy unstressful adults. For moderate and high invasive surgeries, the mean cortisol level is much increased than minimal invasive procedures and remains elevated even up to post-operative day 7. Endotracheal intubation and extubation and opening the mouth with a mouth prop are the steps that may induce the strongest stress during the polypectomy procedure, though polypectomy per se is not particularly invasive. The anesthesia record of our patient showed an increased blood pressure from the start of the surgery, which suggested an increased stress response. Adequate analgesia and muscle relaxation are essential to minimize the stress response." Needs a reference/s.

Response: References were added for this part.

7. The conclusion should be rewritten depending on the case findings rather than the literature.

Response: The conclusion is modified according to the review's suggestion. Our case highlights the importance of endocrine hormones in maintaining the blood pressure. This point is stressed in the conclusion part.

8. References: The authors should bold the first author of each reference according to the journal style.

Reponse: The references were corrected according to the journal style.

9. Figure 1 a. It is preferable to replace the "the arrow" with a "a white arrow". b. Please remove any writing from the figure.

Response: "The arrow" in the figure is replaced into "a white arrow" as suggested by the review. The figure is re-made without showing any writings.

Review 2#

Scientific Quality: Grade B (Very good)

Novelty of This Manuscript: Grade B (Good)

Creativity or Innovation of This Manuscript: Grade B (Good)

Scientific Significance of the Conclusion in This Manuscript: Grade B (Good)

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)

Conclusion: Accept (General priority)

Re-Review:

It was a well-written case report with a suitable clinical lab and MRI image. I suggest accepting the case report.

Round 2

Response to the reviewer and editor

Comment 1. Please further revise the manuscript according to the comments of second round review. "I appreciate the great effort of the authors in revising the manuscript. A few points (mainly related to the editing) need to be revised which they appeared in the attached file." Answer to reviewers: Please provide point to point answer to all reviewers. Authors should revise their article according to the reviewers' comments/suggestions and provide point-by-point responses to each in a letter that is to accompany their resubmission.

Response: We thank the reviewer for the comments/suggestions. All the changes were made according to "2851-86292_Auto_Edited-v1". Point-to-point response can be seen in the response to comment 5 in the following pages.