

Reviewer #1:

1. The "liver pain" should be replaced with right upper abdominal pain

[This was revised in the original paper.](#)

2. Oral amoxicillin to control blood sugar is an error in past history. Correct it.

[This was revised in the original paper.](#)

3. Unconscious patient generally cannot be irritable. So rephrase it. May have involuntary movements while in coma.

[This was revised in the original paper.](#)

4. What is negative mobile turbid sounds? I am unclear what it means.

[This was revised in the original paper.](#)

5. No Babinski sign (-) is error. Babinski sign negative.

[This was revised in the original paper.](#)

6. The patient seems to be in septic shock and organ dysfunction - but the lactate is normal. Please explain why it can be so?

[The patient's lactate level was 1.2 mmol/L on admission, however. Her condition deteriorated, the lactate increased to 2.9 mmol/L on 2th day.](#)

7. It sounds an overkill to me to give empirical imipenem and linezolid. Generally if cultures are pending, one can give empirical antibiotics based on local antibiogram. Is the choice based on local policy and is it supported by local data? Please give details and rationalise this combination.


[Sorry, we describe treatment was not clear previously. The patient was empirical broad-spectrum antibiotic cefoperazone-sulbactam was administered within 1 hour. Because the infection was effectively controlled, then antibiotics was upgraded with imipenem and linezolid.](#)

8. What liver protective drugs were given to patient? In general best medicine for liver is not to give any drug!


[This was revised in the original paper.](#)

9. Submit a CT scan image and also an ultrasound image if you have those available. In image mark arrows to show pathology and describe how one can comment if abscess is solid or liquid based on the images. This is important feature.

[Sorry, the CT scan image and ultrasound image were not available, the CT image report and ultrasound image report can be gained. They are showed followed.](#)



哈尔滨医科大学附属第二医院



312302140179

CT检查报告

病案号: 0002608343

ID号: ZY010002608343

姓名: 张占英

性别: 女

年龄: 49岁

检查号: CT2302140989

申请科室: 重症医学科ICU四病房

临床诊断: 呕吐

检查部位及方法: [颅脑, 16排平扫]

检查日期: 2023/2/14

检查描述:

颅脑+胸+上腹部+下腹部+盆腔
急诊报告
双侧腔隙性脑梗死
脑白质疏松
右海马区脉络膜裂囊肿可能, 截面长径约6mm
鼻中隔偏曲; 鼻窦炎; 左侧眶内眶凹陷
胃肠减压或鼻饲管置入
双肺膨胀不全、炎症;
右肺局限性肺气肿; 左肺结节, 截面长径约2mm
双侧胸膜增厚; 左侧胸腔积液
纵隔、左肺门钙化淋巴结; 纵隔淋巴结稍大
动脉硬化; 心包微量积液
肝弥漫性病变; 肝多发低密度灶, 大者截面长径约30mm, 请结合其他检查;
胆囊炎; 胃角壁厚
胰腺萎缩、胰头脂肪化
双肾周少量渗出
右肾上腺结节, 截面长径约11mm
膀胱导尿管后
膀胱残余尿; 结肠液性密度影, 存在腹沟? 横结肠近肝曲侧壁厚; 直肠壁厚; 右附件稍高密度影, 截面长径约12mm, 巧克力囊肿或生理囊肿? 请结合其他检查

诊断印象:

结论过多写于上面!

报告医师: 王海波

审核医师: 王海波

签章: 王海波

注: 此报告仅供临床参考, 不作为诊断依据。 报告日期: 2023-02-14 11:25:31

哈尔滨医科大学附属第二医院

超声报告单

病房腹部室

姓名: 张占英 性别: 女 年龄: 49岁 ID: DZY010002608343

科别: 重症医学科ICU四病房 申请医师: 唐志强 仪器型号: 申科

临床诊断: 呕吐 检查部位: 床旁三维超声检查(肝胆胰脾)

超声所见:

床旁三维超声所见:

肝脏左叶前后径65mm, 右叶斜径115mm, 形态正常, 被膜光滑, 实质内可见多发混合性占位, 边界尚清晰, 形态规则, 内可见少量透声不好的液性回声, 较大者位于右前叶上段近被膜处, 大小23mmx22mm, 其余实质回声密集、细小点状, 回声增高, 管状结构清晰

胆囊大小71mmx24mm, 囊壁厚3mm, 胆囊毛糙, 囊内胆汁透声欠佳

肝内外胆管未见扩张

脾脏厚径32mm, 被膜完整, 实质回声均匀

胰腺大小形态正常, 实质回声均匀, 胰管不宽

超声诊断:

肝内轻度脂肪沉积、肝内多发混合性占位 (考虑肝脓肿可能性大, 必要时请结合其它检查)
慢性胆囊炎、胆汁轻度淤积
脾脏、胰腺未见明显异常

打印人: 研究生

审核医生: 周显礼

诊断医生: 苗欢欢

此报告为辅助诊断, 仅供临床报告日期: 2023. 02. 14 00: 20: 00 医疗表格统一编号7-01

10. Please tell what "gram negative bacilli" were isolated. Name of bacteria? Its sensitivity pattern.

This result was described by patient's son. Bacteria and sensitivity pattern was not determinate. Blood culture resulted from the local hospital indicated a high likelihood of gram-negative bacteria.

11. Based on the report, we cannot conclude that patient improved only because of CRRT, but she improved due to combination of entire care and treatment that you gave. Multimodal or bundle of care was what that improved the patient and not single element of care. PMID: 26033361 covers the care bundle philosophy.

Based on the entire care and treatment, the combination of CRRT and HP therapy may control sepsis caused by NMLA.

12. Discussion section - if disease is not controlled death rate 30% is wrong - if disease is uncontrolled death rate would be 100%.

This was revised in the original paper.

Reviewer #2:

1、 The title should not use the abbreviation.

This was revised in the original paper.

2、 The abstract needed to be modified so that it was too long.

This was revised in the original paper.

3、 In the coretip and the body texts, the abbreviations should be used after the full names.

This was revised in the original paper.

4、 The authors mention Figures A, B, and C, but there is only Figure 1. Please check again.

This was revised in the original paper.

5、 These sentences "The patient who received broad-spectrum antibiotics within 48 hours of hospital admission did not demonstrate improvement. However, a significant improvement was observed during a five-day period of CRRT in conjunction with HP treatment. After a mere 48 hours of concurrent CRRT and HP intervention, the patient's infection was effectively controlled.

Sorry, Our description is not clear. Based on the entire care and **anti-infection** treatment, the combination of CRRT and HP therapy may help control sepsis caused by NMLA.

6、 The white blood cells were reduced from 13.2 to 4.0 (Figure A), and PCT levels decreased from 112.03 to 8.43 and continued to decrease with treatment (Figure B).

Significant decreases in inflammatory parameters were observed, with interleukin-6 levels decreasing from 525.2 to 82.2 (Figure C). We needed scientific evidence because the effects of antibiotics may last for 5–10 days.

Based on the entire care and anti-infection treatment, the combination of CRRT and HP therapy may help control infection . HA380 hemoadsorption devices can remove IL-6 in vitro. PMID 35913784

7、 The reference format is not correct.

This was revised in the original paper.

8、 The English grammar needed to be substantially polished.

The English grammar was polished.