

Dear Editor,

Please find enclosed the revised manuscript in Word format (file name " "). We would like to thank the reviewers and editors for the time they have invested in evaluating our paper and for the valuable comments they have provided. We hope that the revised version will fulfill the requirements for publication in the World Journal of Clinical Cases.

Name of journal: World Journal of Clinical Cases

Manuscript NO: 79940

Manuscript type: Case report

Title: Accessory renal arteries - a source of hypertension: a case report

Authors: Amalia Loredana Calinoiu, Elena-Cristina Guluta, Adina Rusu, Alexandra Minca, Dragos Minca, Luminita Tomescu, Valeriu Gheorghita, Dana Galieta Minca, Lucian Negreanu

Reply to editorial comments:

Reviewer #1 comment:

1 Title. Does the title reflect the main subject/hypothesis of the manuscript?

- *Well-written*

2. Abstract. Does the abstract summarize and reflect the work described in the manuscript?

- *Yes, the abstract cover the main aspect of the work*

3. Key words. Do the key words reflect the focus of the manuscript?

- *It is recommended to use MeSH headings as the keywords. Please correct, if possible.*

4. Introduction: Does the manuscript adequately describe the background, present status and significance of the study?

- *Yes, clearly written.*

5. *Patient Information: Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail?*

- *An essential detail of the case that allows to a useful conclusion is mentioned.*

6. *Clinical Findings. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field?*

- *Physical examination (PE) and important clinical findings are stated.*

7. *Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently?*

- *The discussion part looks relevant, clear and concise.*
- *Key concepts are listed.*
- *Relevant literatures are well discussed, however strengths and limitations in your approach to this case is not mentioned, please add the possible limitations and strengths of your approach to the case.*

8. *Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends?*

- *Figures are in a good quality.*

9. *Biostatistics. Does the manuscript meet the requirements of biostatistics?*

- *N/A*

10. *Units. Does the manuscript meet the requirements of use of SI units?*

- *Yes.*

11. References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references?

- *The references of the manuscript has to follow the referencing style guidelines of the journal.*

12. Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate?

- *Some part of the discussion has grammatical errors and should be addressed.*

13. Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting?

- *The statistical analysis looks appropriate and relevant.*

14. Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics?

- *There is no any ethical or any other concern raised. The approval has been granted.*

Reply reviewer#1 comment:

Of the 14 issues mentioned, we only addressed the ones that contained recommendations.

Issue#3: *It is recommended to use MeSH headings as the keywords. Please correct, if possible.*

Thank you for highlighting this aspect. In the revised manuscript we have corrected the key words.

Issue#7: *Relevant literatures are well discussed, however strengths and limitations in your approach to this case is not mentioned, please add the possible limitations and strengths of your approach to the case.*

We consider that the difficulty of this case was choosing the optimal therapeutic intervention for our patient – pharmacologic treatment versus percutaneous revascularization. Usually, revascularization is typically reserved for patients with hypertension refractory to antihypertensive medications or progressive worsening of renal function or a degree of renal artery stenosis greater than 80% to 85% [17, 18]. We controlled the patient's severe hypertension with medical therapy which we consider a strength of the case.

Issue#11: *The references of the manuscript has to follow the referencing style guidelines of the journal.*

We added the following references according to journal guidelines:

1. Persu A, Canning C, Prejbisz A, Dobrowolski P, Amar L, Chrysochou C, et al. Beyond Atherosclerosis and Fibromuscular Dysplasia: Rare Causes of Renovascular Hypertension. *Hypertension*. 2021 Sep. 78 (4):898-911
2. Textor SC, Lerman L. Renovascular hypertension and ischemic nephropathy. *Am J Hypertens*. 2010 Nov. 23(11):1159-69.
3. Viera AJ, Neutze DM. Diagnosis of secondary hypertension: an age-based approach. *Am Fam Physician*. 2010 Dec 15. 82 (12):1471-8.
4. Safian, R. D., & Textor, S. C. (2001). Renal-artery stenosis. *New England Journal of Medicine*, 344(6), 431-442.

5. Iwashima, Y., & Ishimitsu, T. (2020). How should we define appropriate patients for percutaneous transluminal renal angioplasty treatment? *Hypertension Research*, 43(10), 1015-1027.

Issue#12: *Some part of the discussion has grammatical errors and should be addressed.*

Thank you for your valuable observation. We corrected the grammatical errors.

Reviewer #2 comment:

The following contents are recommended to be improved :

1. What is your differential diagnosis?

We added the differential diagnosis accordingly in a newly added section “Differential diagnosis”, after “Further diagnostic work-up” in the revised manuscript.

2. Are there any difficulties encountered in the process of diagnosis and treatment?

We consider that the difficulty of this case was choosing the optimal therapeutic intervention for our patient – pharmacologic treatment versus percutaneous revascularization. Usually, revascularization is typically reserved for patients with hypertension refractory to antihypertensive medications or progressive worsening of renal function or a degree on renal artery stenosis greater than 80% to 85% [17, 18].

3. Can the pathogenesis be described thoroughly?

We added supplementary data regarding the pathophysiologic mechanism underlying renovascular hypertension in the “Discussion” section according to your recommendation.

4. How can we increase the detection rate of the disease?

We highlighted in the manuscript the need to further work-up in the process of diagnosing and treating young patients with secondary hypertension, especially when significant asymmetry of kidney size is seen in ultrasound or other imaging scans.

We would like to thank the reviewers for evaluating our manuscript. We have tried to address all the reviewer's concerns in a proper way and believe that our paper has been improved considerably. We would be happy to make further corrections if necessary.

Best regards,

Adina Rusu, on behalf of authors