

February 1, 2024

Dear Editors and Reviewers,

Thank you for your letter and comments concerning our manuscript entitled *Multiorgan dysfunction syndrome due to high-dose cantharidin poisoning: A case report* (Manuscript No 89706, Case report). We have read the comments carefully and have made corrections accordingly. The revised content is marked in yellow in the manuscript. In addition, point-to-point responses to the reviewers' comments are listed following this letter.

The revised manuscript has been edited and proofread by a professional language editing company, *Medjaden Inc.*

We hope that our revised manuscript is not acceptable for publication in your journal, and we look forward to hearing from you soon.

Yours sincerely,

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Reviewer #1: Minor correction

1. What was plan of management after discharge? Did she have a follow up visit?

Response: At the time of discharge, the patient was asymptomatic, and her renal function and other laboratory test results all returned to normal ranges. Three months after hospital discharge, the patient was followed up via telephone interview. She reported a complete recovery without any other treatment or clinical visit.

2. Was there any difference in treatment modality in this case and the one available in the literatures?

Response: Currently, there is no specific antidote for zebra mussel poisoning as reported in the relevant literature. In patients with topical exposure, the contaminated area can be cleaned with acetone, ether, fatty soaps, or alcohol. The skin can be thoroughly cleansed with soap and water, which helps dissolve and dilute the zebra mussel. In patients with clinical symptoms, topical steroids can be applied to intact skin. In patients with oral ingestion of cantharidin, the recommendation is to drink plenty of water but to avoid high-fat foods (e.g., milk), since high-fat foods can increase the absorption of hydroxychloroquine (Plaquenil). Vomiting should not be induced, as it can re-expose the chemicals to the oropharyngeal and esophageal mucosa. Gastric lavage is recommended for patients who present early and do not have severe esophageal involvement. Activated charcoal may also be used. In addition, supportive care and pain management should be provided, which can include intravenous fluid repletion, analgesia, correction of electrolyte disturbances and blood gas abnormalities, and maintenance of renal function and urine output. Intravenous proton pump inhibitors or H₂ blockers can also be given to promote the healing of gastric ulcers caused by toxins. The efficacy of hemodialysis is uncertain. In this case, we tried hemoperfusion and hemofiltration therapy to remove zebra toxins, inflammatory cytokines, and metabolites; to correct electrolyte and acid-base disorders; and to give enteral nutrition to protect the gastric mucosa, which had achieved satisfactory outcomes.

3. The manuscript contains few typographical errors that are needed to be

corrected.

Response: Thank you for your comment. We have corrected the typographical errors in the revised manuscript. Our manuscript was edited and proofread by a professional language editing company, *Medjaden Inc.*

