

Responses to Reviewer Questions

Name of Journal: *World Journal of Clinical Cases*

Manuscript NO: 91589

Title: *Double plasma molecular adsorption system for treating Stevens–Johnson syndrome/toxic epidermal necrolysis caused by COVID-19 infection or acetaminophen: A case report and literature review*

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Dear Editors and Reviewers:

Thank you very much for your comments regarding our manuscript. We have carefully revised the manuscripts according to your suggestions.

Reviewer #: The title gives the impression that COVID-19 is the only reason, but in conclusion, they mentioned paracetamol as a possible cause.

A: We have revised the title as follows: “Double plasma molecular adsorption system for treating Stevens–Johnson syndrome/toxic epidermal necrolysis caused by COVID-19 infection or acetaminophen: A case report and literature review”

In the case presentation : There is a need to give more details about paracetamol administration and regimen and use the Naranjo Adverse Drug Reaction Probability Scale to see the probability of paracetamol.

A: We used the Naranjo Adverse Drug Reaction Probability Scale to score the likelihood of acetaminophen (paracetamol) causing TEN and obtained a total score of 3 (Q1, +1; Q2, +2; Q5, -1; Q10, +1), which indicates a likely possibility.

Remove the date of admission due to patient identification. Add the route of administration to methylprednisolone.

A: We have changed the date from December 12th to mid-December. We have

also indicated that methylprednisolone was administered intravenously.

Did the pt receive any paracetamol during the second admission? When did cyclosporine start, and what was the dose?

A: No paracetamol was used in the second admission, and cyclosporine treatment was performed twice (150 mg/day) in the early stages of the disease.

Sincerely,

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