

Dear Editor Wang and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "A case report of Sagliker syndrome: a rare manifestation of uncontrolled secondary hyperparathyroidism in chronic renal failure" (ID: 49596). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our future researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red and highlight in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1: A very interesting case report. The presentation is clear and well documented in text and figures. The reference list is relevant. New and modern examinations were performed.

Response: Thank you for your precious time in revising my manuscript. Your comment must be a great encouragement to me, and have added confidence to my future researches. Special thanks to you for your good comments. Best wishes!

Reviewer #2:

1. Response to comment: the authors state that the etiology of chronic kidney disease is unknown (as it is often the case), only information about the duration of peritoneal dialysis is provided, however there is no information about the duration of the kidney disease itself

Response: It is really true as Reviewer suggested that we should give information about the kidney disease. After investigation, we found that the patient was diagnosed as CRF and received peritoneal dialysis as soon as she went to hospital 4 years ago. We speculated that is due to the patient's previous neglect of other symptoms and fail to see a doctor until the late stage of kidney disease. So we revised the paper as: A 20-year-old female went to local hospital due to nocturia, fatigue and nausea and found that creatinine was about 600 mmol/l. Then she was diagnosed with end-stage CRF and undergone regular

peritoneal dialysis since August 2014.

2. Response to comment: a single preoperative parathyroid hormone (PTH) value is provided (2815.07 pg/ml); in order to timely demonstrate the development of the disease, please state several previous (serial) PTH values

Response: As Reviewer suggested that we should give several previous PTH values, but unfortunately patient did not make this examination in local hospital due to economic reasons. This also suggests that we should check PTH levels in patients with similar diseases in the future so as to detect early progress of the disease. Thanks for your advice.

3. Response to comment: only generic names of the drugs should be used in the manuscript “.....took calcium acetate, vitamin D, erythropoietin (EPO) and Adalat.....”

Response: We are very sorry for our negligence of not using the generic names of the drugs. The paper has been revised as: She regularly took Calcium Acetate Tablets, Vitamin D Drops, Recombinant Human Thrombopoietin Injection and Calcitriol Soft Capsules during that time.

4. Response to comment: the authors state that the patient was regularly treated “...She regularly took calcium acetate, vitamin D, erythropoietin (EPO)....” if that was the case, please comment her extremely low hemoglobin value of 48 g/L.

Response: Considering the Reviewer’s suggestion, we made a detailed inquiry about patient’s medical history, and we had the answer as: However her anemia was difficult to cure mainly because of malnutrition caused by anorexia. This has been added to the paper.

5. Response to comment: please clarify the following sentence “A neck CT scan showed a benign nodule on the left side of the thyroid with bilateral soft tissue signals behind the bilateral thyroid”

Response: We are very sorry for our incorrect writing, and we have made correction from “left” to “right”. The result of ultrasound and pathological report both demonstrate the right thyroid adenoma.

6. Response to comment : please comment and explain the increasing postoperative PTH value of 131.01 pg/ml (4 months after the discharge)

Response: Thank you for your question. We also considered this question, which was omitted in the original text. We have re-written this part according to the Reviewer's suggestion as: 4 months later, her PTH was 131.01pg/ml. We made a reasonable speculation that the function of ectopic parathyroid glands, which existed outside the thyroid region, was suppressed by the hyperparathyroidism before the surgery. When the inhibitory factor was removed, together with the stimulation of hypocalcemia, compensatory secretion of ectopic parathyroid gland began.

7. Response to comment : referring to the previous comment was any assessment undertaken in order to investigate a rise in PTH value(s)

Response: Thank you very much for your advice! We also wanted to further examine patient, such as a series of PTH tests, SPECT/CT and so on, but they were rejected by patient herself for economic reasons. At present, we are tracking patients' PTH level and calcium level in local hospital by telephone. The above information has been explained in the article as: We intended to perform the examination of SPECT/CT, but unfortunately she participated in only online follow-up sessions for economic reasons.

8. Response to comment: please modify the references according to the recommendations of the journal

Response: Thank you for your reminder! We have added PubMed citation numbers and DOI citation to the reference list according to the recommendations of the journal.

Thank you again for your sincere advice !

Other changes: We have moved the related information to those subtitles of final diagnosis, treatment, outcome and follow-up.

We tried our best to improve the manuscript and made some changes in the

manuscript. These changes will not influence the content and framework of the paper. And here we did not list the changes but marked in red in revised paper.

We appreciate for Editor Wang/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.