

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "*Hemorrhagic fever with renal syndrome complicated with aortic dissection: a case report*" (ID: 59044). The comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red 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:

1. **Response to comment:** Revising the manuscript according to the "Format for Manuscript Submission".

Response: We are very sorry for our inadequate format editing, we have modified the manuscript in sequence according to the "Format for Manuscript Submission" For example, we add" Qiu FQ et al. HFRS and aortic dissection" in line5/Page1, "Author contributions" in line 12-15/Page1, revised the format of "references", added" Footnotes" in Page 13, and setting-up the order of "figure legends and figures" in Page14-15.

2. **Response to comment:** "Revising abbreviations."

Response: we have update all the abbreviations in the paper and delete some abbreviations which were not needed according to your careful suggestions.

3. **Response to comment:** move the sentence "Introduction, page 4, lines 73-75" to the discussion part.

Response: we deleted the sentence and add the content in DISCUSSION (page 9, sentence168-170.)

4. **Response to comment:** Case presentation, page 5, line 102: Authors stated "Enzyme-linked immunosorbent assays (ELISA) of IgM and IgG antibodies for

HFRS were both positive”.

Response: We are very sorry for our incorrect citing “HFRS” which is the disease we diagnosed. According to the reviewer’s comment, we had restated the sentence to “Enzyme-linked immunosorbent assays (ELISA) of IgM and IgG HTV-specific antibodies for hantavirus were both positive.”

5. **Response to comment:** relate to Case presentation, page 7, line 120-125, Authors should better describe treatment with the right timing.

Response: We have re-written this part and add the time point of treatment according to the Reviewer’s suggestion. (See page5-6/line119-126)”Initially, antibacterial drug Piperacillin/Tazobactam (4.5g, every 8 h for 5 days) was empirically used to dealing with abdomen effusion. On days 2 through 3 of hospitalization, the patient was treated with transfusion of platelets (20u) and fresh frozen plasma (400ml) to correct the hemostatic abnormalities. Although after fully fluid resuscitation, the patient remained oliguric state and then he was received renal-replacement therapy on hospital day 5. On hospital day 26, when the platelets were recovered to normal level, he received an angiography of aortic and surgery of thoracic endovascular aortic repair. A week after operation, the patient was discharged and followed up as outpatient.”

6. **Response to comment:** ”In discussion: Authors should explain better why they did not evaluate the serotype of the virus and describe the different existing serotype.”

Response: We thanks for your provision of references which give us more knowledge of HFRS. We update some references in the discussion section. At the same time, we have revised the part of the discussion according to the Reviewer’s suggestion. We described the different existing serotype and its prognostic effect. See (page8/line135-138)” Generally, HFRS were mainly caused by Hantaan, and Dobrava virus in severe cases with mortality rates from 5 to 15%, whereas Seoul, and Puumala virus in moderate disease with mortality rates <1% [1, 3]. In china, HFRS are mainly caused by Hantaan and Seoul virus.”

It is better to perform real-time RT-PCR test to verify the serotype of the virus.

Because of our laboratory condition limitations, we were not able to perform the RT-PCR for different hantavirus serotype. However, according to the epidemiological and clinical information as well as ELISA of IgM/IgG antibodies, we diagnosed the hantavirus infections timely. Anyway, this is one of the limitation of the case report without serotype of the virus.

In the discussion part, we explained the reason why we did not test the serotype. (page8-9/line143-145,150-157) ” The diagnosis of hantavirus infections in humans can be confirmed according to the epidemiological and clinical information as well as laboratory tests. The clinical practical laboratory tests method is a serological test to detect IgM/IgG antibodies of the three structural hantavirus proteins using ELISAs [1]. The serotype of the hantavirus can be verified by real-time RT-PCR. However, because of condition limitations, we were not able to perform real time RT-PCR to confirm the serotype of the virus. This is one of the limitation of the case report. Notwithstanding this concern, this did not prevent clinical diagnosis of the HFRS and timely treatment in the present case.”

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

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