

Dear editor,

We have revised paper according to the comments and submitted it. Thank you for your works and kindness.

Yours sincerely  
Yangbin Pan

Reviewer #1:  
Scientific Quality: Grade B (Very good)

**Response: Thank you!**

Language Quality: Grade B (Minor language polishing)

**Response: Thank you! We have asked AJE to revise it.**

Conclusion: Major revision

Specific Comments to Authors: This is an interesting case. However, there is no evidence as to whether ascites and pleural effusions are the same component. The pleural effusion may be due to other causes, so evidence is needed.

**Response: We thank for your attention. There is three evidence that ascites and pleural effusion are the same component. First, we detected the glucose levels in ascites and pleural effusion, and found that they were almost at the same level(16.8 mmol/L and 16.2 mmol/L; 14.6 mmol/L and 14.2 mmol/L), and significantly higher than the blood glucose levels in the same period(6.3 mmol/L; 6.5 mmol/L). (line77-78; line132-133) Second, with the decrease of peritoneal dialysis dose, the amount of pleural effusion also decreased. Third, with the decrease of peritoneal dialysis ultrafiltration and the increase of pleural effusion, the symptoms of patients, such as pleuritic pain, shortness of breath, are more obvious.(line190-195)**

#### 4 REVISE THE MANUSCRIPT

4.1 Guidelines and Requirements for Manuscript Revision and the Format for Manuscript Revision: Please visit: <https://www.wjgnet.com/bpg/GerInfo/291>.

4.2 Preparatory work for revising your manuscript: (1) Original articles; (2) Review articles; and (3) Case report articles.

4.3 Editorial office's comments: Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor: 1 Scientific quality: The manuscript describes a case report of a novel conservative treatment for peritoneal dialysis-related hydrothorax. The topic is

within the scope of the WJCC. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: This is an interesting case. However, there is no evidence as to whether ascites and pleural effusions are the same component. The pleural effusion may be due to other causes, so evidence is needed; and (3) Format: There are 2 tables and 2 figures. A total of 18 references are cited, including 6 references published in the last 3 years. There are no self-citations. 2 Language evaluation: Classification: Grade B. A language editing certificate issued by AJE was provided. 3 Academic norms and rules: The authors provided the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, and the written informed consent. No academic misconduct was found in the CrossCheck detection and Bing search. 4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCC. 5 Issues raised:

(1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; and (2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

6 Re-Review: Not required. 7 Recommendation: Conditional acceptance.

(2) Editorial office director: I have checked the comments written by the science editor.

(3) Company editor-in-chief: I have reviewed the Peer-Review Report, the full text of the manuscript, the relevant ethics documents, and the English Language Certificate, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

4.4 Requirements for figures: Please provide the decomposable Figures, whose parts are all movable and editable, organize them into a PowerPoint file, and submit as "58643-Figures.ppt" on the system. The figures should be uploaded to the file destination of "Image File".

**Response: We have provided.**

4.5 Requirements for tables: Please provide the decomposable Tables, whose parts are all movable and editable, organize them into a Word file, and submit as "58643-Tables.docx" on the system. The tables should be uploaded to the file destination of "Table File".

**Response: We have provided.**

4.6 Requirements for references: Please provide the PubMed numbers and DOI

citation numbers to the reference list and list all authors of the references. Please revise throughout. NOTE: The PMID is required, and NOT the PMCID; the PMID number can be found at <https://pubmed.ncbi.nlm.nih.gov>. (Please begin with PMID:) The DOI number can be found at <http://www.crossref.org/SimpleTextQuery/>. (Please begin with DOI: 10.\*\*).

**Response: We have provided.**

4.7 Requirements for article highlights: If your manuscript is an original study (basic study or clinical study), meta-analysis, or systemic review, the “Article Highlights” section should be provided. Detailed writing requirements for “Article Highlights” can be found in the Guidelines and Requirements for Manuscript Revision.

**Response: Our manuscript is case report and there is no “Article Highlights”.**

4.8 Language quality: Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript’s language will meet our direct publishing needs.

**Response: We have asked AJE to revise it.**