Re: Manuscript NO: 59732 entitled "Successful endovascular treatment with long-term antibiotic therapy for an infectious common femoral pseudoaneurysm due to *Klebsiella pneumoniae*: A case report"

We thank the editors for the positive feedback and the thorough reviews. In the attached "response to reviewers" file, we address the reviewer's comments (reviewer's comments are underlined), and where indicated, we have provided answers to the editor's concerns in point-by-point fashion. The corresponding changes in the revised manuscript have been highlighted in **blue**.

Response to Reviewer:

*The authors showed a patient with infectious pseudoaneurysm treated by endovascular stenting. The prolonged and continued antibiotic therapy was chosen by susceptibility testing from the pseudoaneurysm. Eventually the hematoma was completely disappeared. This challenging endovascular treatment with appropriate antibiotics was an effective emergency treatment for this poor prognostic patient. Therefore this case presentation is worth publication. There are a few small queries. 1. K. pneumoniae is usually susceptible to ceftriaxone. The result of susceptibility testing could be informative. Please indicate it in a table. 2. The time course with antibiotics usage should be very important. The figure of timeline may be helpful to readers. (see CARE Checklist #5) 3. A value in HbA1c would show severity of DM. 4. Please check insertion of Figure 1A, which should be in history of present illness (page 5).

1. K. pneumoniae is usually susceptible to ceftriaxone. The result of susceptibility testing could be informative. Please indicate it in a table.

Response: We are really appreciated your suggestion, and I apologize for this

negligence. Most *K. pneumoniae* is sensitive to the third-generation antibiotics, such as ceftazidime and ceftriaxone. The antimicrobial susceptibility test showed *K. pneumoniae* of this patient is sensitive to ceftriaxone in the local hospital, and intravenous ceftriaxone was administered for this patient for 7 days (the detail of antimicrobial susceptibility test in local hospital was not accessible).

When he was transferred to our hospital, we used ceftriaxone experimentally for this suspicious infectious pseudoaneurysm. Hematoma within the pseudoaneurysm was extracted for microbial culture during EVT, the antimicrobial susceptibility test showed *K. pneumoniae* was resistant to ceftriaxone after operation. According to the latest antimicrobial susceptibility test, ceftazidime was most effective (1, break point≤4) given effectively. When the patient discharged, because levofloxacin was more available, and was also effective, antibiotic was switched to oral levofloxacin for 3 months. I added the antimicrobial susceptibility test result of our hospital into the **Table 1** in the revised manuscript.

2. The time course with antibiotics usage should be very important. The figure of timeline may be helpful to readers. (see CARE Checklist #5)

Response: I apologize for this negligence, and I have added the figure of timeline (**Figure 5**) in the revised manuscript.

3. A value in HbA1c would show severity of DM.

Response: I apologize for this negligence, the HbA1c has an important role in assessment of the degrees of blood glucose control. The HbA1c of 9.2% when he was transferred to our hospital. This result demonstrated the patient had a poor general condition. We forgot to add the HbA1c result, and really appreciated your suggestion. We have added the result of HbA1c into the *Laboratory examinations* part.

4. Please check insertion of Figure 1A, which should be in history of present illness (page 5)

Response: Thank you for your suggestion, I apologize for this negligence. We have inserted Figure 1A into the history of present illness, while left the Figure 1B in the *Imaging examinations* part.

Response to Science editor:

*(1) I found the authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s); (2) I found the authors did not provide the original figures. 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 (3) the author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces.

(1) I found the authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s)

Response: I apologize for this negligence. I have added the approved grant application form(s) in the revised submission.

(2) I found the authors did not provide the original figures. 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.

Response: I apologize for this negligence. I have prepared all the figures using PowerPoint, that all graphs or arrows or text portions can be reprocessed.

(3) the author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces.

Response: I apologize for my negligence. I have revised the position of reference numbers in the text as you suggested.

Response to editor-in-chief:

*The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words).

Response: I apologize for my negligence. I have shortened my title to "Successful endovascular treatment with long-term antibiotic therapy for an infectious pseudoaneurysm due to *Klebsiella pneumoniae*: A case report", which is about 18 words.