

Comments to reviewers

First of all, on behalf of all the authors, we would like to thank you for your interest in our manuscript. Here are the answers to your comments

Reviewer1

1-The literature review should be more comprehensive and highlight the novelty of this study.

Answer: we improved all our references and added more citations.

2-Research methods need to supplement key information to improve reproducibility.

Answer: we have reviewed in the material and method and case description the whole of our patient's case description.

3-Add statistical analysis to increase result credibility.

Answer: the overall presentation of the results has been revised to reflect your comments.

4- Discuss the results in more depth and expand the contributions to existing theories.

Answer: the discussion section has been revised and improved.

5- Optimize language expression to improve logic and readability.

Answer: the entire language section of the manuscript set has been reviewed.

6- Enrich table/figure content and information volume.

Answer: modification done.

7-Increase academic rigor and enrich relevant details. In conclusion, this manuscript has publication value but requires the author to thoroughly address the above issues to improve scientific merit, novelty and readability.

Answer: enhancement made.

I suggest the author revise according to the comments above to strengthen the quality. Here are some specific examples to illustrate the main limitations in each part for this case report: Introduction: For example, the literature review only cited 3 papers, instead of comprehensively reviewing the current research on the relationship between rapid glucose lowering and microvascular complications

Answer : we've added an evaluation paragraph to focus on the mechanisms of hyperglycemia correction on microvascular complications.

Methods: The case description did not provide details such as the patient's daily insulin dosage, glucose monitoring curves, etc. The detection methods and quality control measures for HbA1c, renal function, etc were not described.

fortunately, until the installation of a hybrid insulin pump system, the patient has always refused to use an interstitial glucose monitoring system, and we have very little information on her daily blood glucose curves. about hba1c determination methods the reference was presented.

Discussion: It did not thoroughly discuss the mechanisms of rapid glucose lowering induced microvascular injury, only briefly mentioned vascular autoregulation The major limitation of small sample size preventing statistical analysis was not acknowledged. Here are some specific examples using the figures in the article to illustrate the issues in more detail.

Many thanks for your comment, we have added a supplementary paragraph on the physiopathology of neuropathy induced by diabetes treatment and on gasroparesis.

Figure 1 gastric emptying scintigraphy: The figure lacks key information like imaging time, radioactive tracer used. No legend was added to explain the differences in radioactive counts in different regions

Many thanks for your comment. all the figures have been revised and corrected.

Reviewer 2

Please note that the so-called 'rapid correction' means glucose variability, which composed of short-term and long-term variabilities.

thank you very much for your observation, in spite of the pertinatne of subject we centered our discriptif only on the rate of Hba1c which represent as you know an outline on. the evolution of the figures of glycemia only in the long term, unfortunately the patient always refused to provide the glycemic data taken in real time either the realization of capillary glycemia or by the use of a continuous measurement of glucose.