

Peer Review File

Article information: <https://dx.doi.org/10.21037/apm-21-1872>

Reviewer Comments

1. Avoid repetitions of similar sentences.

Reply 1: I have modified our text as advised.

2. Recheck your grammar. There are run on sentences and incomplete sentences which disrupt the flow of the paper.

a. "And the chylothorax was managed by intercostal chest tube drainage, subcutaneous injection of enoxaparin, and treatment with anti-inflammatory agents and diuretics" do not start sentences with conjunctions. Can simplify to the chylothorax was managed

Reply: I have modified our text as advised.

Changes in the text: Page 1 line 26-29.

b. "In terms of treatment, in addition to the thoracic drainage to reduce the symptoms of chest distress, active anticoagulation, blood lipid lowering, diuresis, to reduce pleural effusion and reduce lower limb edema. After a week of active After treatment, the sympto"

Reply: The same sentence was deleted.

Changes in the text: Page 4 line 97-100.

3. chylo color ?? did you mean chyle color

Reply: chylo color was revised chyle color.

Changes in the text: Page 1 line 28.

4. Consider changing the order of presentation in a more organized fashion. Instead of 1 week prior consider citing the month of presentation so that readers can orient themselves. Were you discussing two separate events - one where the patient got biopsied and the other time with the chest pain episodes? Using dates or some sort can establish a clear pathway of presentation

Reply: Thank you so much for your suggestion. I have written these two events separately.

Changes in the text: I have modified our text as advised: Page 3, line 73. line79-82, introduce the results of the patient's previous tests. Page 4, line111-125, introduce the

results of the test after the patient was admitted to the hospital this time.

5. "It is difficult to distinguish the nature of pleural effusion through chest computed tomography (CT) alone. Its appearance milky white. Therefore, laboratory examination of the components of chyle to distinguish chylothorax is very important" For this part, consider leading it with CT alone and then needed lab exam because the fluid is milky white. It doesn't flow well here.

Reply: I have modified our text as advised.

Changes in the text: Page 4 line 97-100.

6. whereby unnecessary surgical exploration of the chest for diagnosis and/or therapy can be avoided. - further include in your discussion about when surgical exploration should be done - why was it done in your patient if it was unnecessary.

Reply: I have modified our text as advised.

Changes in the text: Page 5 line 143-145. Surgical exploration was not performed on this patient because this diagnosis was clear.

7. You mentioned patient was admitted multiple times for treatment of the symptoms - elaborate more on what treatments were done at those time

Reply: I have modified our text as advised: Repeated treatments such as diuresis, lowering blood pressure, and lowering blood lipids.

Changes in the text: Page2-3 line 63-64

8. By post admission labs, did you mean labs done after the current hospitalization for his symptoms

Reply: Figure 1 shows the results of multiple laboratory tests by patients. Page 3 Line66. Page 3 Line66-67, it is the indicator to be tested after the patient is admitted to the hospital.

9. For case presentation, it should be focused on the patient's course. Keep discussions in the discussion part especially this line of "because there are variations in nephrotic syndrome, the disease progression, treatment, and prognosis differ among patients."

Also, this part can be a separate section in the discussion. "Circulating serum autoantibodies against the M-type phospholipase A2 receptor (PLA2R) 85 are a key biomarker in the diagnosis and monitoring of primary MN". You can still mention the finding in the case presentation but to further elaborate why this was done can be in the discussion.

This can be moved to discussion

"Regarding treatment for chylothorax, the first step is usually active treatment of

primary diseases to reduce the production of chylous fluid and/or relieve the symptoms caused by chylothorax. The surgical treatment approach should be considered in cases where conservative treatment is unsatisfactory. In this case, chylous drainage was monitored, which seemed to significantly reduce in a few days and then fully stopped. The patient was finally discharged."

Reply 1: I have modified our text as advised. this part as a separate section in the discussion "Circulating serum autoantibodies against the M-type phospholipase A2 receptor (PLA2R)".

Changes in the text: Page 4 Line 118-125.

Reply 2:"Regarding treatment for chylothorax, ..." has been deleted.

10. Can you elaborate further on what blood lipid lowering entailed? Was it a statin medication or a different class?

Reply: blood lipid lowering : Low-fat diet, reduce foods containing too much cholesterol; increase physical activity, reduce weight; change bad living habits, including smoking, drinking; take blood lipid-lowering drugs etc.

Changes in the text: Page 9 Line 184-186.

Reply: statin medication: Atorvastatin.

Changes in the text: Page 9 Line 186.

11. Can you further elaborate what was done..."The concentration of PLA2R increased to 143 RU/mL in the first time detect, give patients rituximab for treatment, due to the patient's consideration of cost, no continuous treatment"

Reply: Diuretic do it with furosemide and spironolactone, also use commonly antihypertensive drugs to control blood pressure, atorvastatin lowering blood lipid.

Changes in the text: Page 4 Line 70-72.

12. Paper mentions triacylglycerol whereas figure notes triglyceride - be consistent

Reply: I have modified our text as advised: triglyceride.

Changes in the text: Page 5 Line 140.

13. You mention true chylous and pseudo-chylous and elaborated further on true chylous - consider addressing what causes pseudo-chylous

Reply: Pseudo-chylothorax is also milky, turbid fluid, due to elevated levels of cholesterol or phosphatidylcholine globulin complex, which often occurs after chronic infections. Pseudo-chylothorax can be seen in tuberculosis, rheumatoid arthritis,

diabetes.

14. Patient's perceptives should be written in the patient's words on how they felt during this whole ordeal - it is not a concise summary of the case presentation.

Reply: I have modified our text as advised.

Changes in the text: Page 6 Line 189-192.

15. For figure 1, can you clarify if it is pleural concentration or serum concentration.

Again if you include the time frame rather than encounters it can clarify the progression if it is over years months weeks etc

Reply: I have modified our text as advised.

Changes in the text: I have modified my text: serum concentration inside the text.

16. For figure 2, consider labeling the images of k and m

Reply: I have modified our text as advised.

17. For your last table, you reported TG of 0.88. What made the diagnosis of chylothorax? It is usually TG > 110 mg/dL and converted to mmol/L is 1.243.

Therefore, it doesn't meet that criteria.

Reply: Thank you so much for your suggestion. And ask the revised question.

Triacylglycerol and triglyceride are the same substance, and both refer to the ester formed by the condensation of three hydroxyl groups of one molecule of glycerol with three fatty acid molecules and dehydration.

Check the data carefully again and found that the data was entered incorrectly, so enter the new correct data.

TG of 1.88, so Triacylglycerol/triglyceride, and $0.26/1.88 < 1$, and pleural effusion is chylous. So, according to McGrath EE et al. we consider it to be true chylothorax. [1]

[1] McGrath EE, Blades Z, Anderson PB. Chylothorax: aetiology, diagnosis and therapeutic options. *Respir Med.* 2010 Jan;104(1):1-8. doi:

10.1016/j.rmed.2009.08.010. Epub 2009 Sep 18. PMID: 19766473.