

Peer Review File

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Response to Reviewer A

Comment 1: This case report is remarkably interesting. The paper is well written.

Reply1: Thank you for your affirmation and encouragement of the manuscript.

Response to Reviewer B

Comment 1. Why the author did evaluate the endocrine examination of patient who had severe body weight loss and general fatigue?

Reply 1: Fatigue and weight loss are clinical manifestations of Addison's disease, but it lacks specificity. This patient also presents with skin pigmentation, which strongly suggested that he might have the Addison's disease, so we did the endocrine examination.

Changes in the text: We have modified our text as advised (see Page 5, line 125-126).

Comment 2. The author should show some data such as serum sodium, chloride, potassium, calcium and blood sugar in table 3.

Reply 2: Thank you for your advice.

Changes in the text: We added some data serum sodium: 137mmol/L, serum chloride: 107mmol/L, serum potassium: 3.85mmol/L and serum calcium: 1.84mmol/L(see revised table 3). The blood sugar was already in the table 3.

Comment 3. The author should show the findings of bilateral adrenal glands on CT.

Reply 3: Thank you for your advice.

Changes in the text: We have modified our text as advised (see Page 6, line 143-144).

Figure 5 was submitted as a separate file.

Figure 5: CT findings of the bilateral adrenal glands. a and b: Enhanced CT image of the upper abdomen taken on March 28; 'a' shows the right adrenal gland and 'b'

shows the left adrenal gland. c and d: Positron emission tomography-CT (PET-CT) image taken on April 24; 'c' shows the right adrenal gland and 'd' shows the left adrenal gland. Both enhanced CT and PET-CT showed bilateral adrenal atrophy; 18F-fluorodeoxyglucose (18F-FDG) uptake in the bilateral adrenal glands was normal. (see Page 15, line 416-421).

Comment 4. In line 143-145, surgery for thymoma is described. The author should comment the details of surgery still more as follows

- 1) Was surgery partial thymectomy or extended thymectomy ?
- 2) Was surgery applied by video-assisted thoracic surgery or median thoracotomy ?
- 3) Was an intraoperative pathological examination carried out?
- 4) How were the excised lymph nodes after pathological examination?
- 5) Why did not the surgeon examine the small lung nodules during surgery (lung biopsy)

Reply 4:

1) and 2) The surgery was transsternal extended thymectomy.

Changes in the text: We have modified our text as advised(see Page 6, line 148-149).

3) No intraoperative pathological examination was performed.

Changes in the text: We have modified our text as advised(see Page 6, line 150).

4)No abnormal lymph node components were found and some lymphoid tissues showed reactive hyperplasia.

Changes in the text: We have modified our text as advised(see Page 6, line156-157).

5) Considering that the pulmonary nodules had shrunk markedly, no lung biopsy was performed.

Changes in the text: We have modified our text as advised(see Page 6, line 150-151).

Comment 5. In manuscript, the date of definitive diagnosis of Addison disease is not described. The author should show the date of definitive diagnosis of Addison disease (between line 122 and 131)

Reply 5:The diagnosis of Addison's disease was made on April 14.

Changes in the text: We have modified our text as advised(see Page 5, line 126-130).

Comment 6. In table 3, laboratory indexes after thymoma puncture are shown. The author should exhibit laboratory indexes in all course, including after thymectomy.

Reply 6: Before thymectomy, it was known that the patient had Addison's disease and intravenous hydrocortisone replacement therapy was used before, during and after thymectomy, and there were no adverse reactions such as fever, dyspnea and decreased blood pressure, we do not think it is necessary to describe all the laboratory indexes after thymectomy in detail.

Changes in the text: We have modified our text as advised (see Page 6, line 154-155).

Response to Reviewer C

Comment 1: In summary, the reviewer suggested to add a discussion to the heart block and potential myocarditis..

Reply: Thymoma complicated with myocarditis can also cause heart block and ventricular tachycardia. It has been reported that patients have died despite the use of pacemakers and high-dose steroid therapy²⁸⁻²⁹. However, van Haelst³⁰ reported a case of myocarditis occurring 2 weeks after thymectomy; the myocarditis manifested as congestive heart failure and polymorphic ventricular arrhythmias. These conditions were ameliorated by high-dose steroid pulse therapy, the use of an implantable cardioverter defibrillator, plasmapheresis, and immunosuppressive therapy. This suggests that thymoma-associated arrhythmia with myocarditis is more dangerous, and steroid therapy may not be effective in this case. The patient reported herein showed normal levels of cardiac enzymes; further, no evidence of myocarditis was found, the response to steroid therapy was good, and the heart block was more likely to be secondary to adrenal crisis. It is unclear whether thymomas are associated with other paraneoplastic syndromes that affect cardiac conduction.

Changes in the text: We have modified our text as advised (see Page 8, line 202-213).

References were added(see Page 14, line 366-372).

Comment 2: The reviewer suggested to focus more on somatostatin/octreotide as the treatment for vasoplegia/shock given the minimal response to steroids.

Reply: After the operation, somatostatin (0.25 mg/h) was administered via continuous intravenous infusion; one hour after the somatostatin administration, the mean arterial pressure increased from 58.7 to 96.7 mmHg. Methylprednisolone (80 mg) was administered that night, and the highest mean arterial pressure rose to 103.3 mmHg; however, the blood pressure did not stabilize until after 10 days.

Changes in the text: We have modified our text as advised (see Page 5, line117-121).

Comment 3: The reviewer suggested to note that we need additional research on the aforementioned paraneoplastic syndromes to determine potential for diagnostic testing as a predictor for medical decompensation and to establish mechanisms behind current and future therapies.

Reply: Thank you for your advice.

Changes in the text: We have modified our text as advised (see Page 10 line 267-270).