Peer Review File

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Reviewer A

Comment 1: Was pre-eclampsia and eclampsia considered in the differentials? What were your other differentials?

Reply 1: Pre-eclampsia and eclampsia were considered in the differentials when first assessed by the obstetrician team. Other differentials will be ocular vaso-occlusive disorders and intracranial tumours. However, in view of bilateral eyes involvement and abnormal blood parameters, thrombotic thrombocytopenic purpura was considered. Given benefit of doubt, treatment directed for thrombotic thrombocytopenic purpura may help patient regain vision, thus, the decision to treat as such. We had added more information regarding the consideration of differentials. (See page 3, line 70-72 and page 4, line 92-98.)

Changes in text: added “Differentials of pre-eclampsia and eclampsia were made after assessment by obstetrics team and she was given intravenous magnesium sulphate. Given the benefit of doubt whereby vision loss maybe reversible if immunotherapy given in case of thrombotic thrombocytopenic purpura…” and “Differentials diagnosis for our case include pre-eclampsia, eclampsia, and Haemolysis, Elevated Liver enzymes, Low Platelet count (HELLP) syndrome which the treatment is mainly supportive with early delivery of foetus. Intracranial tumour results in vision loss should be considered as well, however, acute onset of the symptom, presence of MAHA and thrombocytopenia, and absence of other focal neurological symptoms made it less likely. Our limitation to get the result of ADAMTS13 activity on time should not delay the diagnosis of TTP as early treatment often provide a better clinical outcome.”

Comment 2: What about the patient's outpatient labs/ workup/OB visits?

Reply 2: Everything was normal during outpatient antenatal follow up including a normal blood pressure and blood parameters. It was mentioned as “her antenatal care prior to this event was unremarkable” (See page 2, line 54,55)

Changes in text: no changes made.

Comment 3: Introduction and Discussion need to be elaborate with emphasis on less common/ varied manifestations of TTP and how they happen (pathophysiology/ mechanism).

Reply 3: We had added extra information regarding the association of TTP and pregnancy with pathophysiology in introduction and discussion sections.

Changes of text: Extra information added in introduction and discussion sections.

Comment 4: The entire article needs to be revised/ edited for grammatical errors.

Reply 4: Grammar checked without issues.

Changes of text: no changes made.

Comment 5: Images of fundal examination or peripheral smear would make the case report more interesting.

Reply 5: Unfortunately, the fundal examination was done with portable device which could not save the picture. Peripheral smear was not stored in computer and usually discarded within few months, we could not get back the image as the case was about a year ago.

Changes of text: no changes made.

Reviewer B

Comment 1: Please include “case report” in both the title and keywords.

Reply 2: We had added “case report” as per request.

Changes of text: “A Case Report” is added to the title and “case report” is added to keywords.

Comment 2(1): Kindly specify the patient’s ethnicity.

Reply 2(1): Ethnicity added at case presentation section (see page 3, line 51) as abstract has limited words.

Changes of text: We added “Murut ethnic”

Comment 2(2): Apart from acute vision loss, please specify if the patient presented with any other symptoms, as Thrombotic Thrombocytopenic Purpura (TTP) can have a variety of manifestations.

Reply 2(2): The information is provided in case presentation (see page 3, line 53,54). Abstract has limited words.

Changes of text: added extra information in case presentation section.

Comment 2(3): Please mention if the patient had any relevant family history, lifestyle factors, or medications which could have been related to the condition.

Reply 2(3): The information is provided in case presentation (see page 3, line 56,57). Abstract has limited words.

Changes of text: added extra information in case presentation section.

Comment 2(4): Please provide additional details on the treatment, such as medication dosage and duration.

Reply 2(4): extra information regarding treatment is added to the case presentation (see page 3, line 75). Abstract has limited words.

Changes of text: added extra information regarding treatment duration of plasma exchange and volume of FFP used in case presentation section.

Comment 2(5): Could you please clarify whether the diagnosis for this case is hereditary TTP or immune TTP.

Reply 2(5): this is a case of hereditary TTP, we had added the word “hereditary” (see page 4, line 80).

Changes of text: added “a negative inhibitor assay confirmed the diagnosis of hereditary TTP” (see page 4, line 80).

Comment 2(6): Please elaborate on the patient's outcome, including the extent of laboratory indicators and symptom relief.

Reply 2(6): It was mentioned in the case presentation with "a complete recovery of visual acuity and blood parameters"(see page 4, line 81,82). We had added the normal platelet counts as well (see page 4, line 82). Abstract has limited words.

Changes of text: Added "particularly with a normal platelet count of 223 $x10^3/\mu L$" (see page 4, line 82).

Comment 2(7): Please mention if there is any follow-up plan for the patient to monitor for recurrence or other complications.

Reply 2(7): We had added follow up plan (see page 4, line 82-84). Abstract has limited words.

Changes of text: "She was also given an appointment for future pre-pregnancy counselling and planning with maternal foetal medicine team" was added (see page 4, line 82-84).

Comment 3(1): After mentioning the physiological changes in pregnancy and before discussing ocular changes, please introduce TTP briefly. Discuss how pregnancy can be a precipitating factor for TTP, which is a life-threatening condition that requires urgent treatment.

Reply 3(1): Introduction section has been rearranged to accommodate the recommended structure with additional information added. (see page 1-2, line 20-46)

Changes of text: Introduction section has been rearranged to accommodate the recommended structure with additional information added. (see page 1-2, line 20-46)

Comment 3(2): Please elaborate more on how TTP, especially in the context of pregnancy, can cause severe complications such as acute vision loss, which is the focus of this case report.

Reply 3(2): Introduction section has been rearranged to accommodate the recommended structure with additional information added. (see page 1-2, line 20-46)

Changes of text: Introduction section has been rearranged to accommodate the recommended structure with additional information added. (see page 1-2, line 20-46)

Comment 3(3): Please clearly state the objective of this case report in a separate paragraph. For instance, you could mention that this report aims to present a rare case of acute vision loss as an initial manifestation of TTP in pregnancy, emphasizing the importance of prompt recognition and management.

Reply 3(3): objective of the case report has been added at the last paragraph of introduction. (see page 2, line 44-46)

Changes of text: Added "We report a rare case of acute vision loss without the classical pentad signs as an initial manifestation of TTP in pregnancy with the aim to emphasize on the importance of prompt recognition and management which gives a better clinical outcome." (see page 2, line 44-46)

Comment 4(1): Please provide the patient's race and the date of presentation.

Reply 4(1): We had added the race (see page 3, line 51) and date of presentation (see page 3, line 52). However, we would like to highlight that providing date of presentation for a case report submission is not common.

Changes of text: Added "Murut ethnic" (see page 3, line 51) and "on June 20th, 2022" (see page 3, line 52)

Comment 4(2): Was any imaging like MRI of the head conducted to rule out other possible causes of vision loss? If so, what were the results?

Reply 4(2): MRI of the head will be helpful if we suspect intracranial tumours resulting in vision loss, however, the suspicion is low as clinical pictures do not fit into it. Furthermore, resource limitations allow us only to proceed with MRI for high suspicion cases. Explanation of low suspicion of intracranial tumour was added in discussion section (see page 4, line 94-96).

Changes of text: Added “Intracranial tumour results in vision loss should be considered as well, however, acute onset of the symptom, presence of MAHA and thrombocytopenia, and absence of other focal neurological symptoms made it less likely” (see page 4, line 94-96)

Comment 4(3): How was the decision made to initiate treatment for TTP before the ADAMTS13 levels were available?

Reply 4(3): We had added explanation for this (see page 3, line 71-72 and page 5, line 121-124).

Changes of text: Added “Given the benefit of doubt whereby vision loss maybe reversible if immunotherapy given in case of thrombotic thrombocytopenic purpura” (see page 3, line 71-72) and “It is recommended to start treatment with TPE as soon as possible when the diagnosis of TTP is suspected without the result of ADAMTS13 activity as earlier treatment is correlated with a better prognosis and outcome” (see page 5, line 121-124).

Comment 4(4): Is it possible to be more specific in the description “seven cycles of therapeutic plasma exchange (TPE) with fresh frozen plasma (FFP)”? e.g. Do you have the infusion rate of per day, the total volume amount, or any further description?

Reply 4(4): extra information regarding treatment is added to the case presentation (see page 3, line 75).

Changes of text: added extra information regarding treatment duration of plasma exchange and volume of FFP used in case presentation section.

Comment 4(5): Please provide the previous study for reference for “visual acuity” (6/12 bilateral eyes)

Reply 4(5): Visual acuity on presentation was too low to be quantified as number, that is why it is stated as description of “finger counting” and “light perception” (see page 3, line 59,60) and this is the common description for visual acuity.

Changes of text: no changes made

Comment 4(6): Please briefly describe the long-term follow-up plan for the patient, if there is one. Is there any plan for monitoring the recurrence of TTP in future pregnancies or otherwise?

Reply 4(6): Added extra information on the follow-up plan (see page 4, line 80-84).

Changes of text: Added “She was also given an appointment for future pre-pregnancy counselling and planning with maternal foetal medicine team.”

Comment 6(1): It’s mentioned that ocular involvements were observed in 20% of cases of TTP, but it would be beneficial to also discuss why TTP can affect the eyes and what mechanisms are believed to be involved in causing ocular manifestations.

Reply 6(1): the principle of manifestations of target organ involved is the same that is based on the thrombotic event which is explained in the introduction/discussion.

Changes of text: no changes made

Comment 6(2): The treatment is well discussed but does not explicitly mention considerations or modifications in management that might be necessary because the patient is pregnant. For example, were there any concerns about the use of certain medications during pregnancy?

Reply 6(2): Only the second line treatment has certain consideration for pregnancy. Our case did not require second line treatment. That is the reason we did not explore more information regarding this.

Changes of text: no changes made

Comment 6(3): Discuss what is known about the prognosis for patients who develop TTP during pregnancy. Is there a higher risk of recurrence in future pregnancies? What advice should be given to patients about future family planning?

Reply 6(3): we had added more information in the end of case presentation regarding this matter (see page 4, line 82-84).

Changes of text: Added "She was also given an appointment for future pre-pregnancy counselling and planning with maternal foetal medicine team."

Comment 6(4): Compare the current case to other cases in the literature in terms of presentation, diagnosis, and management. Are there any unique features in this case?

Reply 6(4): We had added extra information (see page 5, line 100-107)

Changes of text: We had added extra information (see page 5, line 100-107)

Comment 7(1): Please ensure that any diagnostic criteria, treatment protocols, or other medical decisions are referenced, providing the reader with resources for further reading.

Reply 7(1): Checked and all information is cited

Comment 7(2): "Ocular involvements were observed in 20% cases of TTP …", the corresponding references should be cited.

Reply 7(2): It was cited along side with another sentence, but we had amended it to make it clearer that it is cited (see page 5, line 100-102).

Comment 7(3): "Serous retinal detachment was first described as a complication of TTP in a post-mortem examination in 1970 (6)", please avoid secondary referencing, reference #6 needs to be replaced with the original source of this information.

Reply 7(3): We had changed the source of reference (see page 7, line 152,153).

Comment 8(1): Introduction is structured in three parts: a) Background, b) Rationale and knowledge gap, c) Objective.

Reply 8(1): we had amended the introduction section as per request.

Comment 8(2): Discussion is structured in five parts: a) Key Findings, b) Strengths and limitations, c) Comparison with similar researches, d) Explanations of findings, e) Implications and actions needed.

Reply 8(2): We think the rigid structure of discussion is suitable for research study but may not fit in well for a case report. Anyhow, we had amended the discussion section as per request.