ROUND 1
Reviewer #1:
Scientific Quality: Grade D (Fair)
Language Quality: Grade D (Rejection)
Conclusion: Major revision
Specific Comments to Authors: I believe that the manuscript titled: “Clinical and genetic analysis of nonketotic hyperglycinemia: a case report and literature review” may have value as it is reporting a double heterozygote case of a rare metabolic disorder, namely non-ketotic hyperglycinemia; however, the language is too poor to express the authors ideas, It needs major language revision to become understandable.

Answer: Dear reviewers, we have submitted the manuscript to AJE and polished the language.

ABSTRACT: Change “Futuremore” to furthermore What is meant by “the corpus callosum decreased.”

Answer: We have changed “Futuremore” to furthermore: “the corpus callosum decreased.” to “became dysplastic”

In CORE TIPS: The following statement needs rephrasing as it does not deliver a clear meaning.
“Combined with the gene detection results for the child, a diagnosis of classic nonketotic hyperglycinemia caused by compound heterozygous variations in the GLDC gene was made.” Plasma glycine levels cannot be used to evaluate the curative effect and prognosis of NKH. May I ask if there is a cure for NKH?

Answer: We have changed “Combined with the gene detection results for the child, a diagnosis of classic nonketotic hyperglycinemia caused by compound heterozygous variations in the GLDC gene was made.” to “These symptoms combined with the results of gene testing led to a diagnosis of classical nonketotic hyperglycinemia caused by compound heterozygous variants in the GLDC gene.”; “Plasma glycine levels cannot be used to evaluate the curative effect and prognosis of NKH.” to “Plasma glycine levels cannot be used to evaluate the prognosis of NKH”

INTRODUCTION: What is the meaning of “among these”? in the following statement: Among these, 70%-75% of NKH patients carry GLDC variations [3].

Answer: We have changed “Among these, 70%-75% of NKH patients carry GLDC variations [3].” to Variations in these genes can cause a decrease in GCS activity and lead to glycine accumulation, and 70%-75% of NKH patients carry GLDC variations.

CASE PRESENTATION: Kindly clarify the following: The parents were not close relatives.
We have changed “The parents were not close relatives.” to “The parents did not have blood relations.”

“flat and soft anterior fontanelle, size 1.0 cm x 1.0 cm; normal tension; bony suture 0.5 cm;” kindly explain normal tension and bony suture? no obvious three depressions sign: Kindly explain this sign What are thick breath sounds? slightly thick breathing sounds in both lungs; What are strong heart sounds? Heart sounds were still strong The physical signs are expressed in non-conventional terms: The abdomen was soft and not swollen, the liver and spleen were not large, and bowel sounds were heard 4 times/min.

Answer: We made a lot of changes.

For a case presenting with neurological presentation and intractable convulsions, the neurological examination is very poor: “Neurological examination revealed hypotonia, and primitive reflexes could not be elicited.”

Answer: We supplemented the child's neurological examination.

What is “myocardial zymogram”? 

Answer: We have changed “myocardial zymogram” to “myocardial enzyme”

“When the child was 2 months old, re-examination of the head MRI showed that the corpus callosum was small,” Was it smaller in volume than the earlier imaging or was it small from the start?

Answer: We have changed “When the child was 2 months old, re-examination of the head MRI showed that the corpus callosum was small,” to “When the child was 2 months old, re-examination of the head MRI showed that the corpus callosum was smaller than it was on earlier imaging,”

“ankylosing posture”? is this arching of the back? Or opisthotonos?

Answer: We have changed “ankylosing posture” to “rigidity of the limbs”

“When the child was 2 months old, he could eat by himself”, does this mean tolerate oral feeding? Or good suckling and swallowing?

Answer: We have changed “When the child was 2 months old, he could eat by himself” to “he had good suckling and swallowing”

DISCUSSION: Nonketotic hyperglycinemia is a rare congenital genetic metabolic disease. Change to: Nonketotic hyperglycinemia is a rare inherited genetic metabolic disease.
accompanied by ketoacidemia and urine organic acid abnormalities are biochemical indicators for the diagnosis of nonketotic hyperglycinemia. Change to: Absence of ketoacidosis and urine organic acid abnormalities indicate the diagnosis of nonketotic hyperglycinemia. GCS gene. Change to: GCS genes.

Answer:  Thanks for the reviewer. We have modified them.

If the child’s symptoms gradually improve, the serum and cerebrospinal fluid glycine levels have been repeatedly tested and decrease or become normal, and the genetic test does not show any genetic mutations related to the disease, then it may be a temporary type of NKH. What does the previous statement mean? Was this our case or a statement that can be generalized for other cases; if so, kindly re-phrase as in the present case, no CSF glycine was done.

Answer:  Thank you, reviewer. We've restated it.

Although cerebrospinal fluid glycine was not detected; I think as mentioned in this case it was not MEASURED.

Answer:  Thank you, reviewer. We've changed the statement.

“no organic acid abnormality was found in the hematuria tandem mass spectrometry.” What is hematuria tandem mass spectrometry; Does it mean urinary???

Answer:  We have changed “no organic acid abnormality was found in the hematuria tandem mass spectrometry.” to “blood and urine tandem mass spectrometry and gas chromatography.”

The size of the corpus callosum can be used as a predictor of the success of clinical treatment[10]. Again I am asking, is there a treatment, or is it the seizure control?

Answer:  Thank you, reviewer. We've changed the statement.

“In this case, no abnormal corpus callosum was found in the neonatal magnetic resonance imaging, but with the development of the disease,” There was no mention of corpus callosum size or volume in the 7-day MRI.

Answer:  Thank you, reviewer. We added a description of the corpus callosum in the 7-day MRI.

“Plasma glycine levels cannot be used to evaluate the curative effect and prognosis of NKH,” again I am asking about the CURE? “At present, there is no effective treatment for this rare disease, and the focus of treatment is to rationally use antiepileptic drugs to control epileptic seizures,” This is mentioned by the authors themselves.
CONCLUSION has to be changed totally. “Plasma glycine levels cannot be used to evaluate the curative effect and prognosis of NKH, as this study found that a high serum glycine level can decrease or even disappear by itself. With the development of the disease, the corpus callosum could be affected by glycine metabolism. The size of the corpus callosum may be used as a predictor of the success of clinical treatment. A ketogenic diet may be effective for seizure control in classical NKH patients.”

Answer: Thank you, reviewer. We've changed the conclusion totally.

Figure 3: is unintelligible with some Chinese figures.

Answer: Thank you, reviewer. We've changed the Chinese figures to English figures.

Reviewer #2:
Scientific Quality: Grade B (Very good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Minor revision
Specific Comments to Authors: Minor comments: detailed information of the therapy i.p. ketogenic diet are missing therapy intervention is too short and showed be more described detailed information on ketogenic infant milk is missing (ingredients and composition)

Answer: Thank you, reviewer. We added the description of the ketogenic diet.
ROUND 2

I would like to thank the authors for the obvious improvement of the manuscript and their response to all remarks. There are very few points to be improved: “no obvious three concave sign;”; What is this sign? 

Answer: For better understanding, change "no obvious three concave sign" to "no obvious dyspnea".

“rough tracheal sounds in both lungs; “; meaning please.

Answer: For better understanding, change "rough tracheal sounds in both lungs; and no wet rales" to "no abnormal breath sounds was heard in both lungs".

An electroencephalogram showed that diffuse low-amplitude irregular 1–6 Hz δ, θ waves and low-amplitude β waves were mixed in the quiet state, and the external stimulation background did not change. The electroencephalogram (EEG) activity voltage was low, which represented a moderately abnormal neonatal EEG. Abbreviations should be shown between brackets at first mention. An electroencephalogram (EEG) showed that diffuse low-amplitude irregular 1–6 Hz δ, θ waves and low-amplitude β waves were mixed in the quiet state, and the external stimulation background did not change. The EEG activity voltage was low, which represented a moderately abnormal neonatal EEG.

Answer: Thank you for the reminder from the reviewers, it has been revised.