Reply to Reviewer 05476795:

We are very grateful to the reviewer for spending time to review our manuscript. And we have revised the manuscript according to the comments.

It's preferable to define certain specific acronyms.

Reply: We thank the reviewer for the comments! We have defined acronyms when they first emerge.

Given that this patient is still considered to be young, there is a chance that metabolic-induced thrombosis will develop in the future. Will the dosage of Rivaroxaban be increased if so? or will the course of treatment change?

Reply: We thank the reviewer for the suggestions!

The patient has been taking anticoagulants as a preventive measure for 5 years and has not experienced any recurrence of thrombosis during the follow-up period. In the event of another deep venous thrombosis, the treatment plan will be determined based on individual circumstances. As such, we think it may not be necessary to discuss this unpredictable situation in this case.
Reply to Reviewer 03722832:

We thank the reviewer for the careful and responsible review. We revised the manuscript according to the comments of the reviewers and responded to the questions of the reviewers one by one.

Plagiarism index is more than 20% even after exclusion of references.

Reply: We would like to thank the reviewer for taking the time to review our manuscript. We have revised the manuscript to lower the plagiarism index.

The number of references are reduced and only relevant references should be included.

Reply: Given that the journal requires a case reference quantity of 30-60, this article currently has 16 references. We think it may not be necessary to remove some of the reference.

The authors have to mention the approach to evaluation. The imaging and treatment detail can be elaborated as the case report is abridged

Reply: We appreciate the reviewer’s comments very much! The supplementary description of approach to evaluation has been add to manuscript as follows “The patient's functional AT level was 50.5%, indicating AT3 deficiency. Since there were no tests available to measure the antigenic AT level, it is not feasible to identify the subtype of AT3 deficiency in this patient.” According to the latest version of Rutherford Vascular Surgery and Endovascular Therapy, the abbreviation for antithrombin III is now be modified to AT3.

We revised manuscript as follows “Computed tomography pulmonary angiography indicated the presence of filling defects in both lobar and partial segmental arteries. Doppler ultrasound of the deep veins in both lower extremities revealed the presence of deep vein thrombosis in the right lower extremity, as well as thrombosis in the middle and lower sections of the right external iliac vein.”

The treatment details for patients during the acute thrombosis have been supplemented. The manuscript as follows “During the acute thrombosis, the patient was
treated with low-molecular-weight heparin 4100 AxaIU every 12 hours. As he was suffering from both deep venous thrombosis and pulmonary embolism, he was recommended to insert an inferior vena filter to prevent worse pulmonary embolism. Upon the discharge, he was advised to receive life-long anticoagulation therapy with Rivaroxaban 20 mg daily.”