Re: Manuscript NO:87543
Dear Editor-in-Chief Wang,

We have attached a copy of our revised manuscript entitled "A case report and literature review of congenital leukemia". We want to thank you and the reviewers for carefully reading the manuscript and the helpful comments. Those comments are all valuable and very helpful for revising and improving our paper, as well as important guiding significance to our researchs. We have carefully addressed the reviewer's questions and the editorial office’s comments point-by-point (please refer to the following pages for the details of change).

As suggested, we have revised and supplemented the text of the article according to the comments of reviewers, and polished the language of the article again. We have adjusted the content of the supplementary material.

We believe that the revised manuscript has been substantially improved and hope it meets the standard for publication in the *World Journal of Clinical Cases*. We look forward to hearing from you.

Sincerely yours,

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RESPONSES TO THE REFEREE'S COMMENTS (blue texts are the original comments)

Many thanks for the valuable comments on the manuscript. We have made a substantial revision to the manuscript. Please see below for details of our responses to your comments.

Reviewer #1:
Scientific Quality: Grade B (Very good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Minor revision

Specific Comments to Authors: Dear Authors, Thank you for your submitting the manuscript entitled, "A case report and literature review of congenital leukemia". The manuscript is well written and compactly summarized. This is an interesting, thought-provoking, and unusual case of DS-related AML diagnosed and identified by gene sequencing as a mutation in the GATA1 gene, well-documented and highly unusual. minor) 1. Please list several similar cases and add a new table summarizing age, sex, symptoms, characteristic physical and laboratory findings, treatment, course, and prognosis. Further, please add new considerations from that table. 2. Please add such as macroscopic and gross images of the baby and invaded organs, and imaging findings from echocardiography and computed tomography (CT), if possible. 3. Were there any abnormal prenatal echocardiographic findings, was prenatal diagnosis possible by amniotic fluid testing, cell chromosome analysis, etc? Is prenatal diagnosis possible in the first place?

Response: Thank you for your suggestion. We have tried our best to improve the manuscript and have made some changes in the manuscript.

1. We thank you for acknowledging our case regarding AML associated with mutations in the GATA1 gene, and in the revised version of the manuscript we submitted, we listed similar cases regarding GATA1 mutations by reviewing the literature and condensing that section into Table 1.

2. Since the patient was hospitalized in critical condition and focused on saving the child's life, the patient could not go out to improve echocardiography and computed tomography (CT) examination, nor retained macro and gross images of the baby and the invaded organs. Unfortunately, no relevant information was obtained.

3. As the mother of the child lived in rural areas, her family had difficulties, and local medical conditions were limited, the prenatal examination was not carried out on time, resulting in the absence of prenatal echocardiography, amniotic fluid detection, cell chromosome analysis and other related examinations. This case also gave us clinicians a revelation, and we need to strengthen the popularization of the importance of prenatal examination. We hope these revisions will address your concerns and demonstrate the scientific significance of our case report. The purpose of our presentation is to describe a unique clinical situation that presents diagnostic and therapeutic challenges, thus contributing to the medical community's understanding of such cases.
Language polishing requirements for revised manuscripts submitted by authors who are non-native speakers of English

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Response: The Manuscript was subjected to Charlesworth Experts editing service. Accordingly, Manuscript was edited for proper English language, grammar, punctuation, spelling, and overall style by one or more of the highly qualified native English speaking editors at Charlesworth. Charlesworth Certificate was provided with submission of the Manuscript.

ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

Response: The corrections were made through all the Manuscript.

EDITORIAL OFFICE’S COMMENTS

Authors must revise the manuscript according to the Editorial Office’s comments and suggestions, which are listed below:

(1) Science editor:

The manuscript has been peer-reviewed, and it’s ready for the first decision.

Response: We are very grateful for your comments on the manuscript.
Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author’s intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is ‘original’, the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2023. Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

Response: Many thanks for your reminder. We have revised the manuscript according to the reviewers and given a point-by-point answer to all questions. We hope that the revised paper meets the standard for publication. We provided the patient's signed informed consent form and added a table "Leukemia with GATA1 mutations" to the manuscript.