

Manuscript ID: 60940

Manuscript Title: Mononeuropathy Multiplex Associated with Systemic Vasculitis: A Case Report

Dear Editor:

We thank the editor and reviewers of the *World Journal of Clinical Cases* for taking their time to review our report. We have made corrections and clarifications in the manuscript after going over the reviewers' comments. The responses to the comments from reviewers are summarized below in italic and bold:

Reviewer #1

Specific comments regarding substance:

First, this article is about a case of multiple mononeuropathy with systemic vasculitis. The author observed an interesting phenomenon. The author recorded the experimental records of patients in hospital and 4 months after discharge. Secondly, this article gives some enlightenment to clinical staff, that is to pay attention to the patients' vasculitis and its complications. Third, the article has good logic, but there are some problems of lack of rigor.

Thank you for your kind comments for this manuscript. I would like to humbly clarify again that this study aimed to report an interesting case of multiple mononeuropathy with systemic vasculitis and enlighten clinicians to pay attention to atypical presentation of vasculitis.

1. the increase in the concentration of leukocyte and C-reactive protein is mentioned in line 96. Please give the standard value.

We appreciate the reviewer for this valuable comment. We added normal range of leukocyte and C-reactive protein as follows:

*“Blood analysis revealed a mild leukocytosis (white blood cell count: 11,580/ μ L; **normal: 4000-9600/ μ L**) and elevated C-reactive protein (16.53 mg/dL; **normal: \leq 0.30 mg/dL**),...” (New Lines 106-108)*

2. immunosuppressive therapy is mentioned in lines 120, 137 and 143. It is important to ask for the specific drugs and dosage.

We agree with the reviewer’s comment. We clarified specific names and dosages of drugs as follows:

*“The patient underwent immunosuppressive therapies with initial intravenous **methylprednisolone (500mg qd)** for three days, and was switched to oral steroids (**starting at prednisolone 30 mg bid**), followed by a tapered dose. After early treatment with steroid, she received total 6 cycles of intravenous **cyclophosphamide pulse therapies (750mg qd)** at one-month intervals.” (New Lines 131-134)*

*“After **cyclophosphamide** pulse therapies at one-month interval,...” (New Line 152)*

*“... after end of 6 cycles of **cyclophosphamide** therapies (**750mg qd**).” (New*

Line 158)

3. The treatment of antibiotics is mentioned in line 181. Please ask the dosage of antibiotics used by patients.

We clarified specific name and dosage of antibiotics as follows:

“... intravenous ceftriaxone (1g qd) ... ” (New Line 91)

4. in line 179, the author wrote "historical evidence of vasculitis was present in only half of cases", while Quotation No. 14 concluded that "GI involvement was found in 6.5% among 216 patients with GPA or MPA". The value is obviously unreasonable. Please explain this problem. GI; Involvement of the gastrointestinal , GPA; granulomatosis with polyangiitis , MPA; microscopic polyangiitis.

We appreciate the reviewer for this valuable comment. First, what we aimed to describe that histological evidence of vasculitis was found in only half of perforation cases with histological examination after surgery. However, conclusion in Quotation No. 14 means that gastrointestinal involvement was found in 6.5% among 216 patients with GPA or MPA, but they were not always histologically proven. Furthermore, it is mentioned that four surgically removed specimens were subjected to histological examination, and only two specimens showed small-vessel vasculitis, while the others did not show vasculitis, although the clinical picture suggested GI vasculitis. Therefore, we could describe that this study supports our

opinion that histological evidence of vasculitis was found in only half of perforation cases. Nevertheless, since there is possibility of misunderstanding, we slightly revised the manuscript for clarification as follows:

*“Moreover, even though bowel perforation was induced by vasculitis, histological evidence of vasculitis was present in only half of cases **with bowel perforation**^[13-15].” (New Lines 192-194)*

5. in lines 189-191, the conclusion should be brief and the first sentence of the conclusion should be deleted.

We appreciate the reviewer for this insightful comment. We deleted the first sentence for brief conclusion as follows:

~~“This is a rare case of accompanied vasculitis and APS initially presented with mononeuropathy multiplex followed by proctitis, rectal perforation, and pulmonary embolism. Since vasculitis can be initially presented with vasculitic neuropathy, clinicians should always consider the possibility of diagnosis.”~~ (New Lines 205-206)

6. lines 282, 285. The chart in this paper should meet the basic logic of statistics, namely, three line table. Although Table 1 is composed of two tables, it is suggested to divide Table 1 into two tables to increase reading ability. Table 2 is difficult to read and easy to mislead Reader 1. It is strongly recommended that table 2 be divided into two tables.

We agree with the reviewer's comment and separate Table 1 and 2 into two tables each to increase reading ability. In addition, we changed table outline into three lines in accordance with guideline.

7. 285 what is EMG, please let me know the full name before abbreviation.

We added full name of EMG, electromyography, in the footnotes.

Scientific Editor

1 Scientific quality: The manuscript describes a case report of the mononeuropathy multiplex with systemic vasculitis. The topic is within the scope of the WJCC.

(1) Classification: Grade B;

(2) Summary of the Peer-Review Report: This article is about a case of multiple mononeuropathy with systemic vasculitis. The article has good logic, but there are some problems of lack of rigor. The authors need to add more details in the "case presentation" section. The questions raised by the reviewers should be answered; and

Thank you for your kind comments for this manuscript. We admitted that there was a lack of rigor, and revised manuscript with more details in accordance with Peer-Review Report.

(3) Format: There are 2 tables and 1 figure. A total of 16 references are cited, including 2 references published in the last 3 years. There are no self-citations.

To increase reading ability, we separated each table into two tables, and finally made total 4 tables and 1 figure.

2 Language evaluation: Classification: Grade B. A language editing certificate issued by Editage was provided.

3 Academic norms and rules: The authors provided the CARE Checklist–2016 and informed consent. No academic misconduct was found in the Bing search.

4 Supplementary comments: This is an unsolicited manuscript. The topic has not previously been published in the WJCC. The corresponding author has not published articles in the BPG. 5 Issues raised: (1) I found no “Author contribution” section.

Please provide the author contributions;

Thank you for your kind comments for this manuscript. We added “Author contribution” section. (New Lines 25-29)

and (2) I found the authors did not provide the original figures. 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.

6 Re-Review: Required.

7 Recommendation: Conditionally accepted.

We uploaded the original figure documents using PowerPoint.

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.

We revised our manuscript according to the Peer-Review Report and Editorial Office's comments. Thank you again for your kind and careful review of our manuscript.

We hope the revised manuscript will better meet the requirements of the *World Journal of Clinical Cases* for publication. We thank you once again for the constructive review comments.

Sincerely,

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