Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Rethinking Kawasaki Disease Diagnosis: Continuing the Search for New Biomarkers" (ID: 96938). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1:

1. The manuscript entitled: Rethinking Kawasaki Disease Diagnosis: Continuing the Search for New Biomarkers. This main finding is to point the importance to search for new biomarkers for that help in early diagnosis of KD together with the clinical criteria. This is very important as KD has many deleterious side effect that could be prevented with early diagnosis and treatment. in their case study they relied on mainly the clinical diagnosis though the laboratory markers were normal even the recent one LRG1 which was also normal. Early diagnosis saved their patient for severe cardiac complications / their patient needed 2 does of IVIG. The paper abstract is precise in showing the core of the paper which discus a commentary on the article titled "Kawasaki disease without changes in inflammatory biomarkers: A case report" that was published in the World Journal of Clinical Cases. .This editorial discusses the limitations of current biomarkers, the importance of clinical judgment, and the necessity for comprehensive research to identify new diagnostic tools. Emerging technologies in proteomics and genomics may offer promising avenues for discovering reliable biomarkers, which ensure timely and accurate KD diagnosis, even in atypical KD. LRG1 alone may not be sufficient as a standalone diagnostic tool. they suggested that research is needed to identify additional biomarkers or a combination there of that can reliably diagnose KD, particularly in atypical presentations. High-throughput screening and advanced data analytics can help identify molecular signatures specific to KD. The combination of clinical data with genetic and biomarker profiles could help in precise and personalized diagnostic criteria for KD. The key words need to include criteria for diagnosis , guide lines. The introduction is written in an appropriate way. The case analysis need more details of the presentation of their patient and also the same for the criteria of diagnosis for KD , some abbreviation need to be clarified . The conclusion is precise ensuring that all KD

patients should receive timely and appropriate treatment as it is crucial for preventing long-term cardiovascular complications and improving patient outcomes. the references are few , though recent references were added the guidelines for KD must be modified. the language of the manuscript is clear and the grammar accurate and appropriate. The manuscript is concisely and coherently organized and presented. Research methods and reporting is as recommended by the journal. I think this work is of great importance as it points for not to depend on the laboratory biomarkers only but the clinical criteria is very important especially if done by an expert doctor. Revising the guide lines regularly is very crucial as for the diagnosis and for the treatment of KD, as the main issue is to save the patient life, to prevent the complications especially the cardiac complications and to improve the outcome and the quality of life of our patients. there is a great need to continue research in the field of genetic and new biomarkers that is used side by side with the clinical criteria as to help in personalization of diagnosis and treatment.

Response:Thank you for your comment. The key words have included criteria for diagnosis and guidelines; The case analysis have added more details of the presentation of their patient and also the same for the criteria of diagnosis for KD; We have added the references.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. And here we did not list the changes but marked in red in revised paper.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.