Dear Reviewers:

Thank you for your letter and your comments concerning our manuscript entitled “Perorbital purpura can be the only initial symptom of primary light chain amyloidosis: A case report ” (Manuscript NO: 92812). 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. Based on the instructions provided in your letter, we uploaded the file of the revised manuscript. Revisions and additions are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments as following:

Responds to the reviewer’s comments:

1: The literature review could be strengthened by including additional references on the prevalence and significance of periorbital purpura as an initial symptom of AL amyloidosis. Consider mentioning differential diagnoses explored for the patient's initial presentation of periorbital purpura.

Response: Thanks to the reviewers’s advice for strengthened additional references on the prevalence and significance of periorbital purpura as an initial symptom of AL amyloidosis., Its helping us to further improve the integrity of this manuscript. We reviewed the relevant literature and summarised our experience to make the relevant additions.peripheral purpura is rare, occurring in 1-10% of patients with AL amyloidosis (the incidence of AL amyloidosis is approximately 9-14 per million person-years), and is especially rare in patients whose initial symptom is only periocular purpura. Primary light chain amyloidosis may also present with other cutaneous and mucosal manifestations, such as waxing and thickening, petechiae, and subcutaneous nodules or plaques, which need to be differentiated from the cutaneous manifestations of xanthomatosis, progressive necrotising yellow granuloma, dermatomyositis, and senile purpura(The supplementary part has been highlighted in red in the manuscript).

2. The conclusion could be tightened by removing the last sentence about doxycycline.

Response: We are grateful for the suggestion. We feel great thanks for your professional review work on our article. We fully understand and agree with your advice, and not to make subjective judgements and recommendations about conclusions that are not supported by objective evidence-based medicine, we followed your advice and removed these inappropriate conclusions (The last sentence about doxycycline has been removed).
We hope that these revisions are sufficient to make our manuscript suitable for publication in the World Journal of Clinical Cases and look forward to hearing from you at your earliest convenience.

Best Regards.
Yours sincerely,

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