

## Reply to the reviewers

Providence, June 17, 2019

Dear Editor-in-Chief,

Enclosed please find a revised version of our manuscript, “**Subcutaneous Sarcoidosis of the Upper and lower Extremities – A Case Report and Retrospective Analytic Review**”, that we would be grateful to have considered for publication in the World Journal of Clinical Cases. We appreciate the opportunity to submit a revised version of the manuscript. We have addressed the concerns raised in the comments provided in the following point-by-point manner:

All comments made within manuscript were addressed and changed as requested. The only problems I had was keeping the conclusion section of the abstract to 20 words (ours is 28 words). I was also unable to find the DOI for some citations but I included the PMID for all citations.

Other changes that were made to address the concerns of the first reviewer are listed below:

1. Reviewer Comment: Add more on the basic of this disease using this ref Razek AA, Castillo M. Imaging appearance of granulomatous lesions of head and neck. Eur J Radiol 2010;76:52-60.

Author Reply: I incorporated information from this paper as requested in my introductory paragraph

2. Reviewer Comment: Discuss role of imaging using these ref Abdel Razek AA. Imaging of scleroma in the head and neck. Br J Radiol 2012;85:1551-5. Abdel Razek AA. Imaging of connective tissue diseases of the head and neck. Neuroradiol J 2016; 29: 222–30

Author Reply: I did not include information from the paper “Imaging of scleroma in the head and neck” or “Imaging of connective tissue diseases of the head and neck” as requested because it did not have any information regarding the specific image findings of sarcoidosis or subcutaneous sarcoidosis. I added instead “Malik UT, Aslam F. Ultrasound for the rheumatologist – Subcutaneous Sarcoidosis. Acta Reumatol Port. 2016. 41(4): 376-377 PMID:27683184” and “Bompard F, de Menthon M, Gomez L, Gottlieb J, Saleh NS, Chekroun M, Grimon G, Goujard C, Durand E, Besson Fl. <sup>18</sup>F-FDG PET/CT of sarcoidosis with extensive cutaneous and subcutaneous nodules: the snow leopard sign. Eur J Nucl Med Mol

Imaging (2012) 39:919–920 PMID: 31123764 DOI:[10.1007/s00259-019-04353-0](https://doi.org/10.1007/s00259-019-04353-0)”  
to discuss imaging findings of subcutaneous sarcoidosis.

3. Reviewer Comment: English language correction through the manuscript  
Author Reply: I corrected mistakes throughout the manuscript.
  
4. Reviewer comment: Update of references as most of references are old  
Author Reply: Supplemented some of my citations in the introductory paragraph by adding newer citations next to them that supported the argument. For example, added a newer extra citation to the sentence “Although the lungs are typically the primary site of disease, cutaneous manifestations are the second most common manifestation of Sarcoidosis being seen in up to 9-37% of patients.”
  
5. Reviewer comment: Update of references as most of references are old  
Author Reply: Unfortunately, most papers discussing subcutaneous sarcoidosis reference the paper “Vainsencher D, Winkelmann RK. Subcutaneous sarcoidosis. ArchDermatol.1984;120:1028-1031<https://doi.org/10.1001/archderm.1984.01650440058020> PMID:6465908” I am unable to find a reference that dictates the clinical definition of subcutaneous sarcoidosis other than the one from 1984. Using this paper for the clinical definition of subcutaneous sarcoidosis is in line with other publications on subcutaneous sarcoidosis within the past 10 years who have used this same citation in their papers. While it makes our citations older, it is the most accurate paper to use in this instance.

We hope that we have sufficiently addressed all of the reviewers concerns, however, if not, please do let us know and we will certainly provide further explanations.

Very respectfully,

Dr. Raman Mehrzad, Dr. Reena Bhatt, Julia Festa