

Dear Editor:

We are truly grateful to yours and other reviewers' critical comments and thoughtful suggestions. According to your suggestions, we have made careful modifications on the original manuscript. All changes made to the text are in red color. The detailed point-by-point responses are listed below.

With kind regards,

Sincerely yours,

Yun-Fei Hao

Point-by-point responses to the reviewers' comments:

First of all, we thank all the reviewers for their positive and constructive comments and suggestions.

-Reviewer #1

The paper "Successful treatment of pyoderma gangrenosum with concomitant IgA nephropathy: a case report and literature review" no sufficient techno-scientific contributions to be published.

Response: The decision of the reviewer might be because we did not make techno-scientific contributions clear. Both PG and IgAN are autoimmune diseases, with different treatment regimes, and did not concurrently occur previously. This is the first report of successfully treated PG that occurred concurrently with IgA nephropathy, which provides clues for clinical diagnosis and further treatment.

-Reviewer #2

General comments: This is an interesting case report; however, I wish to comment as follows;

1. However, IgA should be written in full.

Response: Thanks for your advice. IgA in the title has been rewritten as immunoglobulin A.

2. Abstract: Page 2, line 7; Laboratory data showed edema?. I think edema can only be seen clinically but not through laboratory test. Also, indicate the part of the body that was edematous. Also, indicate the part of the body that

was edematous. Is it pedal or facial edema?

Response: Thank you for carefully and patiently reviewing our manuscript. Specific corrections in the revised version are followings: Laboratory data showed high proteinuria, hypoalbuminemia and hyperlipidemia (Page 3, Line 7). I also added pedal edema into the 3th sentence of the abstract of the revised version to indicate the edematous part of the body (Page 3, Line 5).

3. Introduction: Adequate. Page 2, line 10; CsA was defined in page 2 line 10, therefore in page 2, line 26, no need to define again. Abbreviation CsA should be used.

Response: We have corrected in the revised version.

4. Page 3, line 10; write RBCs in full.

Response: Thanks for your advice. We have corrected it as red blood cells in the revised version (Page 4, Line 26).

5. 2-mo treatment should be written properly.

Response: Thank you for carefully and patiently reviewing our manuscript. We have modified it as 2-month treatment, as written in Page 5, Line 8.

6. Figures: Figures are not well labeled. Arrows or letters should be used to indicate where the lesions are found in the figures.

Response: Thank you for point the error. We have added arrows in Figures.

7. Page 4; Suin (2004), is not referenced properly intext, and is not found in reference section.

Response: Thank you for pointing out the error, which has been corrected as Su in 2005 (Page 5, Line 22). Additionally, I added the reference (Su WP, Davis MD, Weenig RH, Powell FC, Perry HO. Pyoderma gangrenosum: clinicopathologic correlation and proposed diagnostic criteria. Int J Dermatol 2004; 43: 790-800.[PMID: 15533059 DOI: 10.1111/j.1365-4632.2004.02128.x]).

-Reviewer #3

The case report is well presented and is of interest for the specialty. I have few comments for the authors:

1. Abstract section: Laboratory data showed edema. Edema is a clinical sign.

Please, correct.

Response: Thank you for carefully and patiently reviewing our manuscript. Specific corrections in the revised version are followings: Laboratory data showed high proteinuria, hypoalbuminemia and hyperlipidemia (Page 3, Line 7).

2. Figure 4. To which antigen belongs the immunostaining? (IgA or C3?)

Response: The antigen belong IgA immunostaining and I add IgA to the figure 4.

3. Figure 2, 3 and 4. Please indicate with arrows/arrowheads the findings referred by the authors.

Response: Thank you for point the error. We have added arrows in Figures2, 3 and 4.