

**Reviewer's code:** 05524138

**SPECIFIC COMMENTS TO AUTHORS**

Yes, this case is very seldom case.

Dear reviewer, thank you very much for your comment.

**Reviewer's code:** 03474273

**SPECIFIC COMMENTS TO AUTHORS**

1. the authors indicated this is the first case of MALT Lymphoma in the terminal ileum. However, there are many previous have been published as authors indicated in manuscript. Although the patint is asympotmic, this not represent novelty.

Dear reviewer, first thank you for taking the time to review our manuscript.

As already described in the text, the highlight of our case is the rarity of the MALT lymphoma found in the terminal ileum. There are not several publications as reported and all 04 published study reports were cited in our article. If we have failed to research the electronic databases and have missed any reports, please let us know.

The fact that all studies published to date show symptomatic patients, already with the disease at an advanced stage, we consider representative the fact that a patient is diagnosed with MALT lymphoma in the ileum, a rare diagnosis, through the biopsy of a nonspecific ulcer in the ileum which could easily be mistaken for erosion or ulcer of inflammatory bowel disease and be totally asymptomatic.

2. The case summary is absence. As a literature review, the authors should summary the perivious cases in a Table. The presentation of endoscopy imagings, immunohistochemistry features, treatment protocol, follow up period, et al. should included in the Table. The case summary should tell us

how to distinguish the disease from other diseases, how to treat the diseases and how to manage the patients after treatment.

Dear reviewer, the summary of the 04 reports is described in the text as well as the characteristics of the ulcers found in the articles and their difference in the article we found. None of the reports describe the specific treatment. Our article is focused on a case report of a rare disease and does not aim to treat other out-of-focus diseases or follow up on these patients. Our article is a literature review of case reports and not a narrative review on the subject.

3.the ulcer in figure1 is not obvious, the authors should point out where the ulcer located. The angle of figure5 is different from figure1.

Thanks for the comment. We signal the ulcer. In relation to Figure 5, the angle is not the same, but the view is comparative as a 360-degree analysis of the terminal ileum can be done.

4. The treatment protocol and follow-up period should be verified.

The chemotherapy treatment protocol is not the focus of this article. The patient was followed up with the oncology team and used Rituximab for having negative H. pylori. Patient follow-up was reported in the case with figures demonstrating the patient's improvement.

5. Did the patient underwent CT scan to exclude the case was an advanced one? In gastric MALT cases, CT is routine performed.

Thanks for the comment. The patient was staged with tomography which did not show signs of advanced disease and additional tests such as upper digestive endoscopy, pet/ct and bone marrow biopsy. We include this information in the text.

6. As we all know the HP infection is associated with MALT lymphoma in gastric. Chemotherapy is not required in most cases after elimination of HP. What may cause the MALT lymphoma in terminal ileum? Is chemotherapy necessary from every patient? Is there any other treatment methods? The authors should discuss deep in the discussion section.

Thank you for your comments.

Unfortunately, as it is a rare disease, the cause of MALT lymphoma in the ileum is unknown and its association with H. pylori has not been proven, as described in the text. I also remember that the literature is scarce regarding MALT lymphomas in the terminal ileum. Even though this association has not been proven, patients with positive H. pylori should be treated with antibiotic therapy for both H. pylori and Campylobacter jejuni. Unfortunately, this was not the case with this patient. In these cases, the use of Rituximab is the default choice.

*Finally, thanks again for your comments and your time in reviewing our article. As editor of the World Journal of Gastroenterology, we know how important and enriching this academic discussion is. I count on your positive evaluation for the "acceptance" of our article.*

**Reviewer's code:** 03452347

#### **SPECIFIC COMMENTS TO AUTHORS**

This is an interesting and rare case, but I still have some questions need to explain.

1) First, what regimens did the patient use for chemotherapy? And how long did the chemotherapy last?

Dear reviewer, thank you for taking the time to review our article. Since the focus of this article is the report of this rare case, we do not delve into the issue

of chemotherapy. Consulting the only 4 previous reports published, they also do not cite. As our patient had negative *H. pylori*, she was treated with Rituximab by the oncology team.

2) Second, is there lymphoma involved in other organs for the patient, such as stomach, small intestine and lymph nodes? Has the patient received gastroscopy, CT, capsule endoscopy and other examinations? And what's the result?

After diagnosis, the patient was staged with computed tomography, upper digestive endoscopy, PET-CT, and bone marrow biopsy which was revealed to be a stage I disease.