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Object: response to reviewers, manuscript entitled "Crohn's Disease-related 'Gastrocnemius Myalgia Syndrome' successfully treated with infliximab: case report and literature review" (no. 72033, Case Report)

Dear editors,
Dear reviewers,

First and foremost, we would like to thank *The World Journal of Gastroenterology* and its board of editors for considering our manuscript for publication. We are also grateful for both reviewers. They were extremely useful and have helped us to improve the accuracy of this manuscript's content. We have been able to address all concerns raised by the first reviewer, have modified the paper accordingly, and hope that this revised version now suits both editors and reviewers.

Comments from reviewer #1:

"*The authors submitted the nice manuscript about a very atypical presentation of myositis restricted to the legs called the 'gastrocnemius myalgia syndrome' (GMS), an entity only described during Crohn's disease. Numbered comments:*

1. Did you check for D-dimer, thromboembolism would be my first DD idea?

Response: We fully agree with your remark. Deep venous thrombosis (DVT) was one of the first differential diagnosis excluded at the initial evaluation of this patient. The first version of our manuscript implicitly mentioned DVT exclusion by reporting the absence of vascular abnormality on doppler ultrasound. To further clarify this notion, we slightly modified this revised version by reporting the normality of D-dimer serum levels.

2. The dose for CTS 0.8 mg per kg is unusual?

Response: The usual recommended dose for the induction of remission in inflammatory idiopathic myositis is 0,5 to 1 mg/kg/day of prednisone[1]. This dose was used by default in this case given the absence of consensus regarding which molecule/dosing should be used in GMS. The 0,8 mg/kg/day methylprednisolone dose simply reflects the conversion from 1 mg/kg/day prednisone.

3. IFX is the therapy to induce and sustain remission, why did you combine therapies in the second attempt?"

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[1] Malik A, Hayat G, Kalia JS and Guzman MA (2016) Idiopathic Inflammatory Myopathies: Clinical Approach and Management. Front. Neurol. 7:64. doi: 10.3389/fneur.2016.00064

Response: We took the decision to combine these molecules for several reasons:

(1) We knew from the first myositis episode that muscular disease was steroid-sensitive at higher dosing in this patient, prompting its re-escalation in this context of myositis' flare.
(2) The administration of infliximab was fully justified given the severity of Crohn's disease-related ileocolitis in order to induce and maintain remission.
(3) GMS is a rare disorder and evidence of anti-TNF agents' efficacy in this specific context is poor and did not allow us to initially prescribe infliximab monotherapy to control muscular and intestinal diseases. However, the patient's evolution will demonstrate that infliximab alone can sustain the remission of both disorders.

To improve the clarity of our therapeutic approach, we have amended the manuscript accordingly, specifying that steroid therapy addressed the muscular disease and infliximab the ileocolitis.

Comments from reviewer #2:

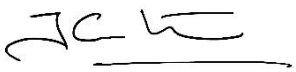
"A perfect case report written in crystal clear manner with easy learning. CD presenting with GMS is quite rare"

Response: Thank you for your evaluation and commentary.

We are eager to receive your feedback regarding these corrections.

Thanking you again,

Best regards,



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On behalf of all co-authors