

Dear reviewer,

Thank you very much for your comments and professional advice. These opinions help to improve the academic value of our article. Based on your suggestion and request, we have made corrected modifications to the revised manuscript. Meanwhile, the manuscript has been reviewed and edited by the language services of Editage. We hope that our revised work can be approved.

Furthermore, we would like to show the details as follows:

**Reviewer # 1:**

1. In the present illness, there is a lot of information which does not need to be demonstrated, so focus on findings which are related to CCS (Cronkhite-Canada-Syndrom) syndrome, such as having alopecia or abdominal pain more about his diarrhea (like having a healthy period, increasing or decreasing factors, color, etc.)
2. It's better to state his smoking consumption in packs per year.
3. Is there any information about the ANA or IgG in your lab data? and also calculate the calcium correction amount.
4. How did the patient consume the thalidomide single dose or in divided dosage?
5. I was confused about the gastroenteroscopy findings because I think they should be compared with macroscopic and microscopic differentiation.
6. Clarify the rate of microscopic magnification in figure 3.

**The author's answer:**

1. More clinical manifestations related to CCS disease have been added, including abdominal pain and alopecia.
2. The patient's smoking volume has been changed to the number of packs per year.
3. The laboratory data has been added, including ANA and IgG-related content, which were all normal, and the calcium correction amount.
4. The dose and frequency of thalidomide used by the patient have been added to the article.
5. Contents related to macroscopic and microscopic manifestations of endoscopy have been supplemented.
6. Microscope magnification has been added.

Thank you very much for your attention and time. I look forward to hearing from you.

Yours sincerely,

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