

EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

1 Scientific quality: The manuscript describes a case report of the ankylosing Spondylitis and Myelodysplastic Syndromes in one patient. The topic is within the scope of the WJCC.

(1) Classification: Two Grades C;

(2) Summary of the Peer-Review Report: This is a finding of this announcement, which has great diagnostic and therapeutic implications. The questions raised by the reviewers should be answered;

(3) Format: There are 4 figures;

(4) References: A total of 28 references are cited, including 4 references published in the last 3 years;

(5) Self-cited references: There is no self-cited reference; and

(6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2 Language evaluation: Classification: Grade B and Grade C. A language editing certificate issued by Zhejiang University Press was provided.

3 Academic norms and rules: The authors didn't provide the written informed consent. No academic misconduct was found in the Bing search.

Response: Thank you for your great comments. We have answered the questions raised by the reviewers. We have provided the written informed consent.

4 Supplementary comments: This is an unsolicited manuscript. The study was supported by National Nature Science Foundation of China. The topic has not previously been published in the WJCC.

5 Issues raised: (1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

Response: We have uploaded the approved grant application form.

(2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; and

Response: We have provided original pictures in PPT form.

(3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

Response: The PMID and DOI numbers are provided.

6 Re-Review: Required. 7 Recommendation: Conditional acceptance.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

Response: We appreciate your comments. We have made a revision.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review

Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file.

Response: We thank for your suggestions. We modified the MS accordingly and provided decomposable Figures.

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors:

A. Comment of Re-viewer AS is a systemic autoimmune disease that damages joints, deforms the spine, and affects the patient's daily activities. AS can cause anemia, but it's usually mild. Therefore, if AS + severe anemia is an abnormality suggestive of a malignancy of the hematopoietic system => This is a finding of this announcement, which has great diagnostic and therapeutic implications. The patient was followed very closely for 3 years (2008 - 2010) with the main symptoms being low back pain and severe anemia. The authors have in turn made many probes such as bone marrow biopsy (3 times), tried to find the association between AS and MDS (gene sequencing, looking for mutations) but have not found any association (at least in this case). That shows the author's diagnostic thinking => meaningful in clinical practice. However, the reviewer said that in this case, AS and MDS are two different diseases in the same patient => Rarity of the clinical case.

Response: We appreciate the supportive comments from the reviewer.

B. Some suggestions:

1. The article is too long for a clinical case: 2654 words. Therefore, the author should shorten it, shorten it in the CASE PRESENTATION and DISCUSSION section.

Response: We have shortened the MS, especially the CASE PRESENTATION and DISCUSSION section accordingly. It seems concise now.

2. This clinical case took place > 10 years ago, until now announced. Only 5 out of 28 references were published in the last 5 years => the article has not been updated with new knowledge. Will AS + MDS still be rare case? Reviewer recommends the author

Update new information, new documents in the DISCUSSION section.

Response: Thank you for your kind advice. We make updated research with keywords (Ankylosing spondylitis or sacroiliitis and myelodysplastic syndromes) in Pubmed and Google scholar. We find a new paper and add this reference (N0. 18) (line 225).

Therefore, AS + MDS still is a rare case.

However, when we set keywords as Ankylosing spondylitis or sacroiliitis and leukemia, we have found other two new papers (N0. 16 and 17) (line 219), added them in the discussion section.

3. The article discussed a perplexing clinical case: does AS cause MDS or does AS cause MDS? The author's efforts thus far have not yielded a clinical case. The essay sends a message to the reader: I AS + severe anemia must be diagnosed as hematopoietic system pathology; and (ii) acute leukemia must be considered for chemotherapy or bone marrow transplantation (treatment). The author should generalize this finding.

C. Conclusion: Major revision

Response: We thank the constructive comments. We have made a change accordingly (line 57-61, line 273-275).

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Response: We thank you for your nice suggestion.

Specific Comments to Authors:

Lines: 16-17: Should be rephrased

39: recovered from anemia? AS? Case report: subtitles like "chief complaints", "history of present illness" etc are not required

Response: We have revised these sentences (line 39). The reviewer has mentioned that these subheadings are not required. However, previously published case reports have included these subheadings and we feel that they aid in clarity and structure, we may retain the subheadings.

82: but relapsed frequently -> with frequent relapses

83: hospital for -> hospital due to

88: do a bone marrow test -> have a bone marrow test

92: contact with tuberculosis -> contact with patients with tuberculosis

92-93: He had no sexual history -> No sexual history was reported.

99: No dysmorphic features -> No dysmorphic features were observed. Laboratory examinations: several normal exams could be omitted.

129: was -> were

131: On the advice of a rheumatologist -> On the advice of rheumatologists

132: a further -> further

139: the narrowing space of -> narrowing space of

144: (CP Guojian Pharmaceuticals, shanghai, China) do not include

159: suggested the -> suggested

166: After consultation, the hematologist thoughted that MDS was related to AS.-> Following hematology consultation, it was suggested that MDS might be related to AS. 167: have -> had

168: He got a high -> He gresented a high

169: So, -> Subsequently,

172: the Hb level was maintained at 100 g/L for only 1 month -> rephrase

207: however -> thus Why is there no evidence that MDS was secondary to AS?

(line 218) I believe that the role of HLA B27 between the 2 diseases should be further discussed. In my oppinion, the text is very long with certain things getting recycled again and again.

Response: We thank you very much for your meticulous suggestions. We carefully revise this paper accordingly. The whole manuscript seems much better upon your assistance.

We also describe the role of HLA-B27 between two diseases (line 226-230), although a definite explanation is unclear. This case might remind us that AS can cause anemia, but it is usually mild. If a patient with AS presents with severe anemia, it must be diagnosed as hematopoietic system pathology.