

November 23, 2023

RE manuscript 88081

Dear Editor.

Please find enclosed 2 copies of manuscript 88081. The line numbers below correspond to a revised text abstract, the numbers of which do not appear on the final document. I have a clean copy but still with yellow shading on any new or revised text, as per your instructions I also emailed the editor marked up copy showing additions and deletions/substitutions. The system did not allow me to upload this. Most of the questions from the reviewer related to the issue of how mixed connective tissue disease (MCTD) interacts with spinal cord injury (SCI) and COVID-19 in our individual subject in this case report. When I took the history from her acute care chart, their evaluation of the patient's connective tissue disease was different from that of the small community hospital where she had been managed for 15 years and which had characterized her condition as undifferentiated connective tissue disease (UCTD). Initially I had suspected the acute care hospital had a higher level of knowledge and thus their reclassification of the CTD must be the correct conclusion. However, I later learned that the acute hospital never had the patient's old records and that this diagnosis was incorrect, based on limited intake from family members less familiar with her case. At that time, the patient and her husband were both ill with COVID-19 and were unable to give a full history on matters not immediately relevant to her admission diagnoses of Acute COVID-19. I have now obtained the last 20 years of records and framed my discussion on this report on the influence of UCTD on her current recovery from nontraumatic SCI and COVID-19. The new terminology begins on line 87. The location of this explanation is primarily in lines 157-179 and in several other named sections of the manuscript.

Working through the paper chronologically, I have one small change to the last word of the abstract (tense was incorrect). I also found one abbreviation CSF that was not defined previously. This is corrected on line 100. In query A2, the reviewer had asked for better explanation of the indications for each lab test listed in Table 1, now named Table 2 due to the order of the structured case description. These were ordered by the acute care team at an outside hospital, prior to our care of this patient. Nonetheless, we have offered our best explanation as to why we believe each of the studies were performed. This discussion occurs between lines 103 and 113. In terms of additional studies performed, none were transferred; no additional workup had been transferred to us from her inpatient acute hospital record. However, full acquisition of all of her outpatient files revealed tests had been performed but were sent to an outside specialty lab, the results of which were not available by her discharge from acute care. They were incorporated into her outpatient records at her home hospital and physician office. These have now been summarized in a new Table 1 (and related to this, in the original submission, table numbers were different due to addition of this new table). A discussion of these studies and her available outpatient history of UCTD dating back to 1993 appear in lines 119-148.

Queries A3 and A4 by the reviewer are addressed in lines 157-171. In addition, guidance on how the rehabilitation team adapted the therapy and treatment plan to limit flares of UCTD is discussed in lines 171-179. A detailed discussion of symptoms that were more closely associated with CTD vs. more

closely linked to her spinal cord injury or her Long COVID appears in lines 196-236. Query A5 requested which studies had been performed to explore edema rostral to the neurologic level of injury, thus several sentences have been added to address this concern between lines 236-24. This passage included a new reference by Andre et al Table 3, previously table 2, is unchanged in terms of text discussion but is renamed due to the addition of a new Table 2 discussed in an earlier position of the paper. This text is on lines 242-247.

Query A6 was addressed in lines 196-219 but is also further addressed in the discussion portion of the manuscript in lines 267-269. We also added one sentence in the conclusion re the impact of her UCTD in lines 288-289. Additional changes not directly related to the reviewer's inquiries are highlighted in yellow throughout the text. The tables have been integrated into a separate file and per your request, the image has been uploaded to a PowerPoint format.

Thank you for reviewing our manuscript 88081. Please be in touch regarding next steps.

Sincerely,

Christina V Oleson MD

Corresponding author manuscript 88081 Word Journal of Clinical Cases