Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "POEMS Syndrome with dilated cardiomyopathy: A case report and literature review" (Manuscript No 88837, Case report). Those comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in yellow color in the paper. The corrections in paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1: (Major revision)

Major correction

1. What was the rationale for taking a bone marrow biopsy??

Answer: The mandatory major criteria of POEMS syndrome includes polyneuropathy and monoclonal plasm cell-proliferative disorder (almost always λ). Bone marrow biopsy was to further confirm the existence of monoclonal plasm cell-proliferative disorder, as well as to exclude other plasm cell-proliferative disorders such as multiple myeloma.

2. Introduce your abbreviations with complete names for the first time, then use abbs e.g: BNP.

Answer: We are grateful for the reviewer's point. As you advised, we revised manuscript.

3. POEMS syndrome is a rare paraneoplastic syndrome caused by a plasma cell proliferative disorder, authors are encouraged to do other specific tests for plasma cells e.g detection of specific antibodies for plasma cells using immunohistology, plasma cell collections on haematoxylin and eosin (H&E) stained sections, and detection of the cell-proliferative disorder.

Answer: Thank you for your comment. We benefited a lot. We detected the cellproliferative disorder by flow cytometry and immunohistochemistry in this patient. We have supplemented the results of flow cytometry and immunohistochemistry. (Page7 line 13-18)

4. The techniques of echocardiography detect fibrosis indirectly, and they are highly dependent on adequate acoustic windows. Nuclear imaging techniques, including

single-photon emission computed tomography (SPECT) and positron-emission. tomography (PET), can be used for detecting myocardial fibrosis. Answer: Thank you for your comment. We benefited a lot. The techniques of echocardiography, cardiovascular magnetic resonance imaging and nuclear imaging can be used for detecting myocardial fibrosis. Echocardiography in our hospital provides all the relevant information on the global and regional left ventricle anatomy, function and haemodynamics, valvular heart disease, right heart function, pulmonary pressure, atrial geometry, and associated features. In our hospital, advanced echocardiographic techniques (speckle tracking deformation imaging) is not used as a routine technology in clinical work. And there is limited role for nuclear imaging in dilated cardiomyopathy according to 2023 ESC Guidelines for the management of cardiomyopathy. We considered the yield of actionable results, the costs, advantages, and limitations of each technique, as well as safety and patient exposure to ionizing radiation and contrast media. Finally, we chose cardiovascular magnetic resonance imaging to detect myocardial fibrosis.

5. No echo data were observed.

Answer: Thank you for your comment. We have supplemented echocardiography data. (Page7 line 3-6)

Minor correction

1. The manuscript contains some typing errors and grammatical mistakes that are needed to be corrected.

Answer: Thank you for your comment. We have re-polish the manuscript.



2. No page number is present.

Answer: Thank you for your comment. As you advised, we have added the page number.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

Best regards,

Feiqi Liu