

Questions from Reviewers & Our Answers

1. References should be in WJG style. Please review the reference style again
⇒ Ans) We have revised references in WJG style. Please check the text.
2. "Table" has NOT been cited in the text. I suppose it should be placed next to the last sentence of second paragraph at page 6 :) Since there is no other table it also should be cited preferably as "table" not "table-1".
⇒ Ans) We have placed "table" next to the last sentence of second paragraph at page 6.
3. The full explanation of abbreviation "EBER" (which is Epstein-Barr encoded RNA) in legend of figure-3 at page 12 should be given.
⇒ Ans) We have revised EBER to EBV, which is Epstein-Barr encoded RNA in legend of figure-3 at page 12.
4. This is a case report on plasmablastic lymphoma(PBL) which is a rare form of Non-Hodgkin's Lymphoma that is associated with human immunodeficiency virus (HIV) infection. The author of this manuscript should address more information about this kind of lymphoma, giving the ideas on the epidemiology and distribution about the disease.
⇒ Ans) We have placed the following sentence next to the second sentence of first paragraph at page 5 (DISCUSSION).
"In patients with PBL in HIV infection, the median age was 38 years with a male predominance of 7:1. The prognosis remains poorer than that of other diffuse large B-cell lymphoma (DLBCL)."
5. In "Introduction" part, author had introduced the relationship between HIV-infection and PBL, but this case report is about HIV-negative PBL. I am a bit of confused about this, please give more details or reasons about this. Why choose a case which was HIV-negative?
⇒ Ans) In case of HIV-positive patients, PBL is mainly seen in jaw and oral cavity.
On the other hand, in case of HIV-negative patients, incidence of extraoral location of PBL is increasingly being recognized. Our patient is HIV-negative

case and the location of PBL is recognized at sigmoid colon. And, case of PBL of the colon is very rare as we described. So, we chose our case.

6. In the "Case report" part, there are some mistakes. For example, the 86-year-old female was admitted because of bloody stool, apart from the SLE and 2 diabetes mellitus the author should address more details, what is the patient's family history, did she have had drug history?

⇒ Ans) We have added the following sentences next to the last sentence of first paragraph at page 5.

Family history ⇒ There was no family history of any hematologic malignancies.

Drug history ⇒ Our patient never received any other treatment which led to the iatrogenic immunocompromised state except for the steroid therapy.

7. As the author addressed, immunohistochemical examination revealed that the tumor cells were negative for CD20/L26 (Figure 3B), and were negative for CD3, CD79a, UCHL1 (CD45RO) as well. But I couldn't find any evidence about these. please add more figures to show these negative results.

And the figures 3 should add ruler, shaped well and be of more resolution.

⇒ Ans) We have added immunohistochemical staining CD45RO (UCHL1) (Figure 3E), CD3 (Figure 3F), CD79a(Figure 3G).

8. About the "Discussion" part, author should discuss the differential diagnosis more detailed and distinguish other non-Hodgkin's lymphoma from plasmablastic lymphoma.

⇒ Ans) We have revised the first sentence of first paragraph at page 6 (DISCUSSION) as follows.

The main differential diagnosis of PBL includes other forms of diffuse large B-cell lymphoma (DLBCL), plasmacytoma/myeloma, Burkitt's lymphomas, poorly differentiated carcinoma, and malignant melanoma; for such differential diagnosis, the help of morphological characteristics and behavior are often effective^[12].

Unlike PBL, DLBCL always express CD20, CD45-RA, and CD79a. Plasmacytoma typically consists of mature plasma cells without a high rate of mitotic activity.

And Burkitt's lymphomas express membrane-bound IgM heavy chain isotype.

9. This case showed strong positively for CD138 on immunohistochemistry. For those readers who are not familiar with the CD138 and immunohistochemistry judg

ing result, the author had better introduce the details about CD138 and other biomarkers about the special lymphoma.

⇒ Ans) We have placed the following sentence next to the third sentence of first paragraph at page 6 (DISCUSSION).

CD138 is a highly specific and sensitive marker of plasmacytic differentiation within the spectrum of hematologic malignancy. CD138 reactivity has been reported with variable frequency in immunoblastic diffuse large B-cell lymphoma.

⇒ Ans) We have added the following on Table.

CD3 (T-cell marker), CD20 (B-cell marker), CD45 (Leukocyte common antigen), CD79a (Pan-B-cell marker), CD138 (Plasma cell marker), EBV (Epstein-Barr virus), Cyclin D1 (Mantle cell lymphoma marker), CD56 (NK-cell marker)

10. The references is from 1997 to 2014, it is good. Add more reference in recent 5 years about the PBL in other organs in HIV-negative patients if necessary.

⇒ We have added 3 references in recent 5 years about the PBL in other organs in HIV-negative patients.