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Reviewed by 00646464

1) It needs a little emphasis on the significance of the findings, more facts on the statistics aspects.

   Our findings are shown in Figures 1 and 2 and Table 3.

   "Student's *t*-test was applied for comparisons of mean numbers of positive cells between dermatomyositis and normal skin samples."

2) As there are few cases, each one could best described concerning to histopathology, age and so on.

   "The profiles of eight patients with dermatomyositis have been shown in Table 2."

   "In terms of histopathology, mucin deposition was in the papillary dermis in two cases, and in the papillary and reticular dermis in six cases. All cases showed vacuolar change and one had subepidermal blistering (Case 2). Two cases (Cases 3 and 4) had periadnexal infiltration."

Reviewed by 00646460

I have revised in the paper with the suggustion of the reviews.

Reviewed by 00646519

1) Authors should mention if the study was blinded.

   Our study was not blinded.
   "This study followed eight cases showing clear mucin deposition in biopsied skin tissue from dermatomyositis patients at the time of the first medical examination."

2) It is very important to describe the evolution of the disease; due to the sample is too small some differences (or not) could be attributed to the different states and time of evolution of dermatomyositis. Was there any disease associated to the dermatomyositis, authors should state it.

   "The profiles of the eight patients with dermatomyositis have been shown in Table 2."
   "The interval between observation of the first skin symptom to first medical examination ranged from 1 to 6 months (1 month, n=2; 5 months, n=2; 6 months, n=1; 3 months, n=1; 2 months, n=1; unknown, n=1) Three cases (Cases 2, 3 and 6) had muscle weakness, two cases (Cases 3 and 7) had arthralgia, and one case (Case 1) developed respiratory failure. Only one case (Case 8) showed lung cancer; this patient died after 1 year. None of the other seven patients had internal malignancy.
   In terms of histopathology, mucin deposition was in the papillary dermis in two cases, and in the papillary and reticular dermis in six cases. All cases showed vacuolar change and one had subepidermal blistering (Case 2). Two cases (Cases 3 and 4) had periadnexal infiltration."

3) What was the treatment in the patients; was therapy similar in all of them?

   "No patients had yet received any treatment (including steroids) for dermatomyositis at the time of biopsy."

4) How many observers performed the skin analysis, was Kappa determined?

   Only one observer performed the skin analysis, so no kappa value was

determined.
DDC and MC counts were assessed as the number of positive cells per 10 high-power fields (×400) on each skin specimen “by a single observer.”

5) Discussion should be shorted and succinctly described; similar findings in both groups are irrelevant to explain the changes in dermatomyositis.

The dermatomyositis and normal skin groups in this study showed similar results, with only MC count showing a significant difference. MCs appeared to be rather decreased in the eight dermatomyositis cases, none of whom had received treatment at the time of biopsy. Dermatomyositis may thus result in a decrease in MCs at some stage during the course. “We examined the tryptase(+) MC count according to progress before performing a biopsy after the onset of exanthema. For 3 months, a tendency to increase was seen, followed by a gradual decrease, and, for 1 month, it is with a low value most in 6 months. However, the small number of cases and lack of statistical power cannot be helped at present”.

Reviewed by 00646537

1) A table showing the details of each case; age, clinical features, histopathology findings etc.

"Profiles of the eight patients with dermatomyositis have been shown in Table 2".

2) Results need to include more description on the details of the values and statistical methods used.

Our findings are shown in Figures 1 and 2 "and Table 3."
"Student's *t*-test was applied for comparisons of mean numbers of positive cells in dermatomyositis between normal skin samples".

3) Was the test used for parameters?

The test was indeed used for parameters.

4) Dose mucin deposition has any prognostic significance in dermatomyositis?

"According to Smith et al., colloidal iron stain-positive mucin is present in 97% of skin biopsy samples from dermatomyositis cases and is a characteristic finding on views of dermatomyositis examining the pathological organization, but is not seen in all cases. Mucin deposition can represent an important sign of dermatomyositis, and its association with convalescence is unknown.
Our study examined the presence of MCs and DDCs in clear cases of mucin deposition with dermatomyositis".
With mucin deposition, the work of MCs and DDCs is important. MCs and DDCs are present in the neighborhood of blood vessels and adnexa or stroma in normal skin. In the various skin diseases with mucin deposition, MCs are reported to increase perivascularly. MCs instead decreased in our 8 dermatomyositis cases with no treatment this time. What is the meaning of this?
There may be time when MCs decrease during the progress of

dermatomyositis. We showed this in the tryptase(+) MC count according to progress before performing a biopsy after exanthem occurred(Figure3). “For 3 months, a tendency to increase was seen, gradually decreasing thereafter, and, for one month, it is with a low value most in six months” However, the small number of cases and lack of statistical power cannot be helped at present.