

To: Dr Ying Dou
Editor of journal of World Journal of Clinical Cases

Re: Manuscript NO: 48325

Title: Systemic lupus erythematosus associated macrophage activation syndrome manifesting respiratory failure – A case report

Authors: Juan Sun, Jian-wen Wang, Rui Wang, Hao Zhang, Jian Sun

Dear editor,

Thank you so much for your letter accepting the manuscript entitled “Systemic lupus erythematosus associated macrophage activation syndrome manifesting respiratory failure – A case report” pending revision.

We received the e-mail informing for revision on 9/17/2019, and we emailed to the help desk of the journal the same day asking for an about 25-days-extension for revision since the manuscript needs a major revision. And the editors granted our request.

We have made all the changes you suggested in your letter and address all the comments of the two reviewers in the notes below. We have also attended to formatting the language of the manuscript according to the suggestions. Please note that reviewer and editor comments are shown in **bold** type and our response in plain type. And in the updated revision of the manuscript, the revisions we made to reviewers are shown in **blue** font, and the revisions to the editors’ comments are shown in **red** font, we revised the “ABSTRACT” and “CASE PRESENTATION” according to suggestions both from editors and reviewers, this part is shown in **red** font, too.

We carefully read the documents list you asked but since our patient discharged in the October of 2018, we had not collected any video materials of her, and we do not have any supplementary material to show, the case was not supported by any grant or funding, so we are not able to submit these related 3 documents, we have consulted the editor office and they said that will be permitted.

We believe that after the revision work with your nice help, this manuscript can represents a clinical instructive case. We would be willing to make further changes if you felt them necessary and would be grateful for your advice on the matter.

Yours sincerely, Jian Sun

Response to suggestions by editor:

Thank you so much again for your diligent work for all the suggestions to the manuscript. We have carefully made revisions to the suggestions and numbered the revision points according to the sequential trace order. The newly updated contents were showed in red type in the revised manuscript.

1. Please revise the manuscript according to the review report and my comments.

The basic information (Name of Journal, Manuscript NO, Manuscript Type) was added at the beginning of the manuscript.

2. Running title. A short running title of no more than 6 words should be provided. It should state the topic of the paper. For example, Losurdo G *et al.* Two-year follow-up of duodenal lymphocytosis.

A suitable running title was provided.

3. 请最好提供座机电话

A fixed-line telephone number was provided.

4. Abstract: The structured abstract should be at least 250 words. The abstract subsections will include background, case summary, and conclusion, written as.....

we added more details to expand the abstract and divided the abstract to 3 parts as you suggested so that the structure can be clearer. And we believe that the number of words in each part will meet the requirements.

5. CASE PRESENTATION: Under the heading of Case Presentation, the following seven aspects must be presented in this order.....

We have changed the main body of the case presentation to the required format.

The following seven aspects are presented in this order: 1) Chief complaints; 2) History of present illness; 3) History of past illness; 4) Personal and family history; 5) Physical examination upon admission; 6) Laboratory examinations; 7) Imaging examinations. We took the suggestion of referee #2 and put the main tests results into 2 tables. We thought hard to present the case chronologically and narratively and decided to add an additional part of "Further diagnostic work-up" to explain the progression of the diagnosis like some authors did in your journal, and believe that the updated version is the best way to present the complicated case.

6. Please provide the information of DINAL DIAGOSIS, TREATMENT, FOLLOW-UP.

We complicated the related information of these 3 parts according to required format.

7. Please check and confirm that there are no repeated references.....

We checked the updated references list carefully and believe that we meet all the requirements except that the DOI number of reference 6 and page number of 10,13 were not able to confirm.

8. Please provide the decomposable figure of all the figures, whose parts are all movable and editable.....

We have organized the decomposable figure of all the figures, whose parts are all movable and editable, into a PowerPoint file, and submit as "Manuscript No.48325 - image files.ppt" on the system.

Response to comments by reference #1

- 1. The abstract is short (101 words) and could be expanded to be able to stand alone.**

We have added more details of the disease episode to make the abstract more completed and extended our abstract.

- 2. Avoid starting the paragraph of the discussion by an abbreviation.**

We have revised some of the contents of our DISCUSSION according to the review and avoided the deficiency.

Response to comments by reference #2

- 1. The authors describe an interesting case highlighting how a complication can be the onset of a rheumatic disease. Therefore, in my opinion, the title would be more appealing by highlighting this aspect: e.g. "Respiratory failure and Macrophage Activation Syndrome as an onset of Systemic Lupus Erythematosus"**

Thanks a lot. The reviewer pointed out the essence of the case and we are glad enough to change the title as" Respiratory failure and Macrophage Activation Syndrome as an onset of Systemic Lupus Erythematosus – case report", that's just what we want to express and emphasize.

2. CASE PRESENTATION is not completely easy to read. I recommend the authors to shorten it and to provide a table with the timeline of main and complete laboratory findings, rather than describing them. Moreover, the normal values for all parameters must be provided.

①We agree with you it is important to make the manuscript easy to understand and we put our main examination results into 2 tables(table 1 and table 2) showed in the updated manuscript.

②We also simplified text description to avoid getting redundancy.

③Normal values for all parameters are provided in the text or tables with international unit. [Ps: we reexamined some of the parameters for several times during the episode (such as blood routine, Coagulation routine, biochemical criterion), since a case report has limited article page as the journal requires, we just provide the most typical and diagnostic values and did not show the dynamic development.]

3. CASE PRESENTATION: pleas, clarify if you have considered *Mycoplasma pneumoniae* in your infectious work-up. Indeed, considering the respiratory situation and CT pattern, it should have been considered.

we have tested the IgG and IgM of *M. pneumoniae* at the early stage of disease as part of infection screening work and the negative result was shown in table 1.

4. DISCUSSION: discuss the positive/negative results about *M. pneumoniae*; if you do not have this finding, discuss it as a limitation of your case report, according to the suggested references.

We have read carefully all the references you kindly suggested and can't agree more with you that it's of great sense to distinguish *M. pneumoniae* during a MAS diagnosis process especially when a MAS episode manifests

pulmonary involvement, and we added some related information in our DISCUSSION according to the references. (Paragraph 2 of DISCUSSION)

- 5. DISCUSSION: the authors should discuss the aspect of the onset of MAS/respiratory compromise as an onset of a rheumatic disease, not recognized yet at that time. In this regards, the aspect related to the high ferritin increase should be emphasized, according to the current debate about the diagnostic criteria. Please, refer to other experiences whereby a rheumatic disease has been diagnosed after MAS onset.**

Accepted and done! We have already emphasized the important role of ferritin for early recognition of MAS in the manuscript. And we got a more comprehensive understanding from the suggested references and added some more detailed information illustrating this. (Paragraph 3 of DISCUSSION)

- 6. DISCUSSION: the initial part about primary HLH can be removed. It is not functional to the discussion.**

We removed the contents about primary HLH and retained the pathogenic mechanism of MAS as we consider a brief introduction to the pathophysiology is necessary.

- 7. REFERENCES: to be updated and completed.**

References were updated and completed as suggested.