Comments in the text

A short running title is provided (no more than 6 words).
We added a short running title to the manuscript.

Please provides the corresponding author's full first and family (sur)names, abbreviated title (*e.g.*, MD, PhD), affiliated institute's name and complete postal address (including zip code) and e-mail (written in all lowercase), and contains no spelling errors.
Corresponding author's data were corrected.

An informative, structured abstract of no less than 250 words should accompany each manuscript. Abstract should include background, case summary, and conclusion. The Abstract will be structured into the following sections, adhering to the word count thresholds indicated in parentheses:
BACKGROUND (no more than 80 words) What does this case report add to the medical literature? Why did you write it up?
CASE SUMMARY (no more than 150 words) What were the chief complaints, diagnoses, interventions, and outcomes?
CONCLUSION (no more than 20 words) What is the main "take-away" lesson from this case?
The abstract was revised and structured according to editorial indications.

Please read the core tip then provide the audio core tip: Acceptable file formats: .mp3, .wav, or .aiff. Maximum file size: 10 MB. To achieve the best quality, don't allow to have the noise.
Audio core tip was recorded (.mp3 format) and uploaded as requested.

The format should be like this, please revise others.
All reference numbers present in the text are uniform.

Please provide this part according to the Guidelines for manuscript preparation, submission, and manuscript format: Case report, in detail sees below:
https://bsdwebstorage.blob.core.windows.net/bpggerinfo/Guidelines_for_Manuscript_Preparation_and_Submission-Case_Report.pdf
Case presentation has been subdivided in several sections as indicated in the editorial guidelines.

Specific comments to authors

This is an interesting case report describing atypical cutaneous lesions in a patient with advanced-stage Hodgkin's lymphoma. I have some comments as outlined below: 1) The pathological figure should have the epidermis orientated horizontally. 2) High power histological figures showing Reed-Sternberg cells should also be provided. 3) Images for some of the special stains (CD30, CD15, PAX5 and MUM1/IRF4) should also be shown in the manuscript.

1) New horizontally orientated pictures of skin lesions were provided.
2) A new specific picture (4A) showing in detail a Reed-Sternberg cell has been provided.
3) Pictures of CD30 and CD15 stains (4B and 4C) were provided.

Answering reviewer file

Name of journal: World Journal of Clinical Cases
Manuscript NO: 48875
Title: Atypical cutaneous lesions in advanced-stage Hodgkin's lymphoma: A case report and review of literature
Journal Editor-in-Chief (Associate Editor): Sandro Vento
Country: Cambodia
Editorial Director: Jin-Lei Wang
Date accepted review: 2019-06-17 09:23
Date reviewed: 2019-06-17 10:19
Review time: 1 Hour

1. "review of the literature" should be removed from the title which should be limited to "Atypical cutaneous lesions in advanced-stage Hodgkin's lymphoma: A case report.". There is not a proper and extensive review of the literature in the manuscript.
The title has been modified according to your advice.

2. The authors should further revise the English language. The quality is not good enough.
An extensive language revision was performed.

3. Was the patients Pakistani or was born in Pakistan but of a different ethnicity? Please specify.
The patient was born in Pakistan and of Pakistani ethnicity as now reported in the text.

4. Why was an active TB infection suspected? Was a chest X-ray done in the ER? What did it show? Were the cutaneous lesions thought to be due to TB? Please explain in the manuscript.
After the first clinical examination in ER, for the presence of lymphadenomegalies, fever, increased CRP and ESR, TB gold positivity and the Pakistani ethnicity, the colleagues empirically thought that tuberculosis could be a possible diagnosis. A chest X-ray was performed and did not show signs of active infection. Cutaneous lesions could also be associated to tuberculosis infection, the dermoscopic evaluation did not show anything significant and for this reason a cutaneous biopsy was necessary. This discussion was added to the manuscript.

5. How many weeks elapsed between the two ER visits by the patient? Please specify.
The patient came back after two weeks.

6. Why was the diagnostic delay related to "poor sociocultural conditions"? The authors stated that the GP had prescribed a broad spectrum antibiotic treatment rather than trying to understand the underlying reasons for the fever and lymphadenopathies.
Considering disease biology and presentation (superficial bulky masses in advanced stage disease) it is likely that lymphoma had several months to spread and enlarge. For sure the antimicrobial treatment attempt contributed to the diagnostic delay but the patient already presented at the ER with a huge mass of lymphoma.