

Answering Reviewers

Answer to reviewer of Number ID 02941694:

Dear professor:

Thank you very much for your comments and approval of my manuscript (ID 51667).

Wish you a happy life.

Sincerely,

Dr Huang (Correspondin author)

Lihui Liu (The first author)

2019-11-22

Answer to reviewer of Number ID 00503561:

Dear professor:

First of all, thank you for your valuable advice to my manuscript (ID 51667). Secondly, let me begin to answering your questions as follows.

I have asked the pathology teacher of our hospital and informed the Interleukin-2 receptor (IR-2R) were not arranged in immunohistochemical examinations about left side pharyngeal wall in this patient. And, several serum creatine kinase tests indicated normal (105-220U/L, reference 50-310U/L). Then, I want to explain related issues about diagnosis of polymyositis. In our manuscript, we reported that: our patient was proposed diagnosed as polymyositis by his first attending physician in local hospital,

the reasons we guess could be as follows: Multiple muscle swelling, low fever, lactate dehydrogenase and ESR elevated, EMG indicated myogenic damage was possible and muscle biopsy showed necrosis and regeneration of individual muscle fibers. But this diagnosis was called into question by our attending physician in the last. Firstly, the muscle swelling did not get better but increased after methylprednisolone therapy. Secondly, the muscle swelling in this patient main in distal limb than proximal. Lastly, the laboratory examination revealed the EB virus DNA quantitative was significantly elevated and lack of testing for myositis related antibodies. Therefore, we want to arrange this patient to complete myositis antibody and whole-body PET/CT examination, but he only chose the whole-body PET/CT and the result showed multiple muscles damaged throughout the body.

Finally, thanks again for your advice and hope my answers can to give you satisfaction.

Sincerely,

Dr Huang (Correspondin author)

Lihui Liu (The first author)

2019-11-22