Dear editors and reviewers,

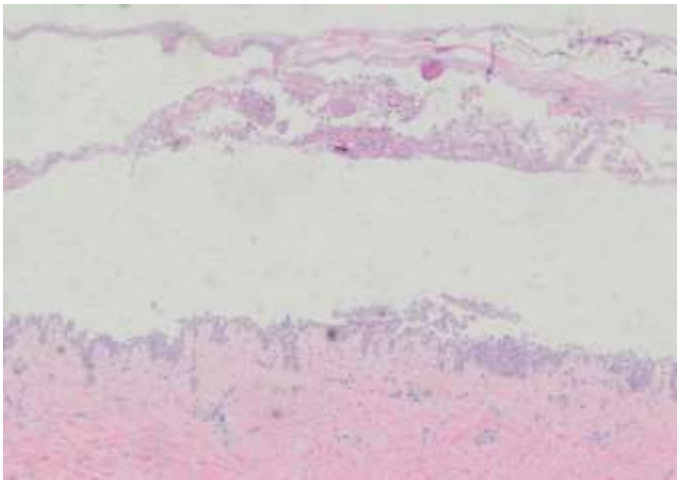
Re: Manuscript ID: 56786 and Title: Intra-abdominal inflammatory pseudotumor-like follicular dendritic cell sarcoma associated with paraneoplastic pemphigus: A case report.

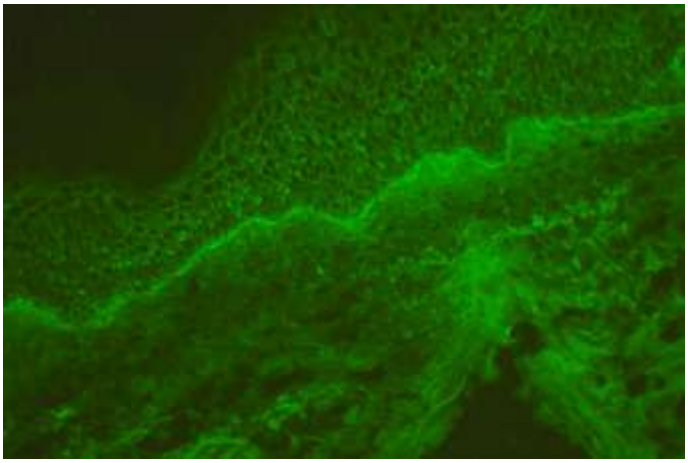
Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Intra-abdominal inflammatory pseudotumor-like follicular dendritic cell sarcoma associated with paraneoplastic pemphigus: A case report.
" (ID: 56786). Those comments are all valuable and very helpful for revising and improving of our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewers' comments are as following:

Responds to the reviewers' comments:

1. Response to comment: I suggest adding histological image of pemphigus in Histological examination section after sentence "Moreover, C3 was detected in the basement membrane zone through direct immunofluorescence" (Figure 1c,d).

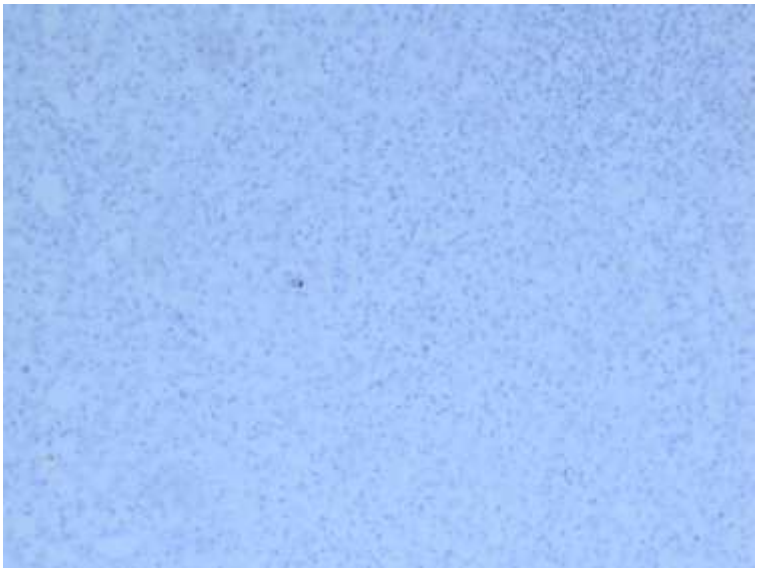
   Response: Skin lesion biopsy showed intraepidermal acantholysis and blisters (Figure 1c). Moreover, C3 was detected in the basal stratum through direct immunofluorescence (Figure 1d).





2. Response to comment: What prompted to do a CT scan of abdomen should be mentioned and write radiological features and cite CT images (Figure 2a,b). This should be followed by gross description of resected specimen and histological description of tumor citing histology and immune images (Figure 3a,b, c) and in Figure d, you may add either CD30 or CD117 picture. Remove the treatment part and add cite Figure 1c&d in Outcome and follow up section as Figure 4a&b.

   Response: For the patient complained with mild dyspnea, a chest computed tomography (CT) was proposed. Chest CT revealed mild bronchiolitis obliterans on the patient's lungs. Besides, it happened to scan an iso-dense, well-circumscribed mass at upper abdominal area (Figure 2a, b). Besides, we adjusted the order of figures according to the reviewers' comments and added a picture of CD117.



3. Response to comment: (a)Replace word English language with English literature. (b)Write chronic lymphatic leukemia as chronic lymphocytic leukemia. (c)Replace FDC tumors with FDC sarcomas and add 's' in word metastase. (d)Add "conventional" in sentence "whereas that of conventional FDC sarcomas is 40%–50%."

   Response: (a) To date, 32 cases of paraneoplastic pemphigus (PNP)-associated follicular dendritic cell (FDC) sarcomas have been reported in English literatures. (b) Previous reports have revealed that diseases associated with PNP predominantly underlie B-cell lymphoproliferative diseases, for example, non-Hodgkin lymphomas, chronic lymphocytic leukemia, and Castleman disease. (c) FDC sarcomas are at least intermediate-grade tumors given their local recurrence and occasional distant metastases. (d)whereas that of conventional FDC sarcomas is 40%–50%.

4. Response to comment: Mention how current case is similar or different from the 2 reported cases of PNP associated with IPT-like FDCS in terms of age, gender, location, and size of tumor.

   Response:

						prednisolone therapies	
Raca et al [31]	F/61	FDCS associated with CD	Intra-abdomen	10	Stomatitis, lichenoid skin lesions, dyspnea	Previous: splenectomy and chemotherapy 3 years ago Recent: IVIg, rituximab, steroid and antibiotics therapies	Tumor metastasis or recurrence; DOD with respiratory failure
Rice et al [32]	F/41	FDCS	Retroperitoneum	8	Stomatitis, conjunctivitis, lichenoid skin lesions dyspnea,	Tumor resection, IVIg, systemic corticosteroid, rituximab, and daclizumab therapies	Progressive respiratory failure
Wang et al [9]	F/60	IPT-like FDCS	Left axillary and cervical lymph nodes	6.4	Stomatitis, polymorphic cutaneous lesions, MG, dyspnea	Tumor resection, IVIg, steroid, and rituximab therapies	DOD with multiple organ failure
Present case	F/27	IPT-like FDCS	Intra-abdomen	9	Stomatitis, conjunctivitis, skin blisters and erosions, mild dyspnea	Tumor resection, tapering corticosteroid	No evidence of tumor recurrence at 1-year follow-up

Besides, according to the science editor's comments, we now provide the original figures and all arrows and text portions can be reprocessed by the editors. PMID and DOI have been added in the reference list and we have listed all authors of the references.

Last but not least, please accept our sincere appreciation for your good comments.