

Dear editor,

Thank you for giving us the opportunity to submit a revised draft of our manuscript titled “Localized amyloidosis affecting lacrimal sac managed by endoscopic surgery: A case report” to WJCC. We sincerely appreciate the time and effort that the editors and the reviewers have dedicated to providing your valuable feedback on our manuscript. We are grateful to the reviewers for their insightful comments on our paper. We have been able to incorporate changes to reflect most of the suggestions provided by the editors and reviewers. We have highlighted the changes within the manuscript.

Here is a point-by-point response to the comments.

Comments from Reviewer #1:

Specific Comments to Authors: Very interesting case and well written. Unfortunately I did not find the cover letter to check for each journal did you apply.

Response: Thank you for pointing this out. We have submitted the cover letter on the website and are pleased to provide a cover letter below.

Dear reviewers and editors,

We would like to submit the enclosed manuscript entitled “Localized amyloidosis affecting lacrimal sac managed by endoscopic surgery: A case report”, which we wish to be considered for publication in World Journal of Clinical Cases.

The work described has not been submitted elsewhere for publication, and all the authors listed have approved the manuscript that is enclosed.

We believe that two aspects of this manuscript will make it interesting to general readers of your journal.

Firstly, the paper has reported a rare case of amyloidosis affecting lacrimal sac, which was reported only three times in the English literature at present.

Secondly, it is for now the only case managed by endoscopic surgery, with a favorable following-up result.

We deeply appreciate your consideration of our manuscript, and we look forward to receiving comments from the reviewers. Correspondence should be directed to De-Hui Wang, MD, PhD, Department of Otorhinolaryngology, Eye, Ear, Nose, and Throat Hospital, Fudan University, 83 Fenyang Road, Shanghai, China 200031. E-mail: wangdehuent@sina.com.cn.

Thank you very much for your attention.

EDITORIAL OFFICE'S COMMENTS

[1]Science editor:

1 Scientific quality: The manuscript describes a case report of the localized amyloidosis affecting lacrimal sac managed by endoscopic surgery. The topic is within the scope of the WJCC. (1) Classification: Grade C; (2) Summary of the Peer-Review Report: Very interesting case and well written. The paper is suitable for clinical cases journal; and (3) Format: There are 4 figures. A total of 24 references are cited, including 13 references published in the last 3 years. There are no self-citations.

2 Language evaluation: Classification: Grade B. A language editing certificate issued by Stallard Scientific Editing was provided.

Response: We are sincerely grateful for all your thoughtful suggestions that have helped improve our paper substantially.

3 Academic norms and rules: The authors provided the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement. No academic misconduct was found in the CrossCheck detection and Bing search. The highest single-source similarity index in the CrossCheck report showed to be 6%.The CrossCheck results showed the similarity to be high. According to our policy, the overall similarity index should be less than 30%, and the single-source similarity should be less than 5%. Please rephrase these repeated sentences.

Response: We are sincerely grateful for all your suggestions. As single-source similarity index was higher than the criteria, we have rephrased the sentences according to a Turnitin results.

The rephrased sentences are highlighted in yellow in the text. (Lines 54-55,57-58,63-64,95-98,95-96,102-105,111-112,138-140,194,197-198,213,236)

4 Supplementary comments: This is an unsolicited manuscript. The study was supported by the National Nature Science Foundation of China; the General Program of Shanghai municipal Health Commission. The topic has not previously been published in the WJCC. The corresponding author has not published articles in the BPG.

5 Issues raised:

(1)I found no "Author contribution" section. Please provide the author contributions;

Response: We are sincerely grateful for all your suggestions. Author contribution was added to the new uploading system as following:

Song XL and Yang JY contributed equally to this work; Song XL and Wang DH designed the research study; Song XL wrote the manuscript; Yang JY conducted immunochemistry examination and experimental advices; Lai YT and Zhou JY collected the clinical information; Wang JJ and Sun XC revised the manuscript; All authors have read and approve the final manuscript.

(2)I found the authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

Response: Thank you for pointing this out. Here we enclosed the approval documents for the two grants:

General Program of Shanghai municipal Health Commission (No.201940143) and Youth program of National Nature Science Foundation of China (No.81800897)

类别：面上

上海市卫生健康委员会
科研课题计划任务书
(2019版)

课题编号 201940143

课题名称 髓鞘髓鞘技术在点阵激光治疗大面积烧伤后疤痕重建中的临床应用

起止日期 2020-01-01 2022-12-31

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201940143

关于国家自然科学基金资助项目批准及有关事项的须知

王晶晶 先生/女士：

根据《国家自然科学基金条例》的规定和专家评审意见，国家自然科学基金委员会（以下简称自然科学基金委）决定批准资助您的申请项目。项目批准号：81800897，项目名称：HSP29调控髓鞘受体稳态影响人髓鞘纤维在管腔内皮间重塑化（EadMT）促进其侵袭潜能的实验研究，直接费用：22.00万元，项目起止年月：2019年01月至2021年12月，有关项目的评审意见及修改意见附后。

请尽早登录科学基金网络信息系统（<https://isisn.nsf.gov.cn>），获取《国家自然科学基金资助项目计划书》（以下简称计划书）并按要求填写。对于有修改意见的项目，请按修改意见及时调整计划书相关内容；如对修改意见有异议，请在计划书电子版报送截止日期前提出。

计划书电子版通过科学基金网络信息系统（<https://isisn.nsf.gov.cn>）上传，由依托单位审核后提交至自然科学基金委进行审核。审核未通过的，退回修改后再次提交；审核通过的，打印为计划书纸质版（一式两份，双面打印），由依托单位审核并加盖公章后报送至自然科学基金委项目材料接收工作组。计划书电子版和纸质版内容应当保证一致，向自然科学基金委提交和报送计划书截止时间如下：

- 1、提交计划书电子版截止时间为2018年9月11日16点（视为计划书正式提交时间）；
- 2、提交计划书电子版修改版截止时间为2018年9月18日16点；
- 3、报送计划书纸质版截止时间为2018年9月26日16点。

请按照以上规定及时提交计划书电子版，并报送计划书纸质版，未说明理由且逾期不报计划书者，视为自动放弃续变资助。

附件：项目评审意见及修改意见表

国家自然科学基金委员会
医学科学部
2018年8月16日

(3) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

Response: Thank you for pointing this out. We have resubmitted the original figure documents and prepared the figures using PowerPoint as well on the website.

(4) I found the authors did not write the “article highlight” section. Please write the “article highlights” section at the end of the main text

Response: Thank you for the comment. We have accordingly added the “article highlights” section at the end of the main text.

ARTICLE HIGHLIGHTS

Case characteristics

A rare case of amyloidosis affecting lacrimal sac and managed by endoscopic dacryocystorhinostomy surgery with a benign course.

Clinical examination

After admission, a comprehensive physical examination demonstrated a firm mass on palpation in the area of the left lacrimal sac externally.

Differential diagnosis

Localized amyloidosis limited to the head and neck area was diagnosed by excluding systematic presentations, meaning that a thorough physical and lab examination was necessary.

Laboratory diagnosis

Immunofixation electrophoresis of urine and serum revealed no monoclonal protein expression, and the sensitive quantitative serum free light chain assay was normal. No amyloid deposits were found on an abdominal fat pad aspirate.

Imaging diagnosis

Magnetic resonance imaging(MRI) revealed extensive soft tissue thickening in the posterior and lateral wall of nasopharynx, lateral wall of oropharynx and uvula. Soft tissue intensity mass was noted within left nasolacrimal sac.

Pathological diagnosis

hematoxylin and eosin staining showed that pink amorphous deposits were presented in the submucosa under a pseudostratified nonkeratinized epithelial mucosa. Amyloid staining showed typical positive Congo Red staining with apple-green birefringence under polarized light.

Treatment

Endoscopic dacryocystorhinostomy was performed. Multiple masses including lesions of the nasolacrimal duct were resected.

Experiences and lessons

Endoscopic dacryocystorhinostomy was an effective approach in treating NLDO caused by localized amyloidosis.Regular follow-up and monitoring of systemic diseases are highly recommended.

Term explanation

Amyloidosis refers to the idiopathic, extracellular deposition of fibrillar proteins in tissues, sharing a common feature: misfolded proteins with a betapleated-sheet structure.

[5] I found the “Case Presentation” did not meet our requirements. Please re-write the “Case Presentation” section, and add “FINAL DIAGNOSIS”, “TREATMENT”, and “OUTCOME AND FOLLOW-UP” section to the main text, according to the Guidelines and Requirements for Manuscript Revision.

Response: Thank you so much for the advice. We rewrote the context according to the subtitles: the Chief complaints, History of present illness, History of past illness, Personal and family history, Physical examination, Laboratory examinations, Imaging examinations, Final diagnosis, treatment, and Outcome and follow up section.

[2]Editorial office director: I have checked the comments written by the science editor.

Response to the Editorial office director: Thank you very much.

[3]Company editor-in-chief: I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors.

Response to the Company editor-in-chief: Thank you very much.