Dear reviewer,

Thank you very much for taking the time and energy to review this article. My specific responses to your suggestions are as follows:

Reviewer #1: The authors showed a very rare case of a patient with dystrophic epidermolysis bullosa pruriginosa and a positive care method for severe itching with topical tacrolimus treatment. The content is interesting and there are no major problems to be raised with the content, but one point to supplement is suggested. More information for misdiagnosis should be provided. What were the name of the disease and the prescription in accordance with the misdiagnosis?

Thank you for your valuable comment on this regard. Under the current medical history section of the article the disease name and prescription of the patient who was misdiagnosed is described in-detail. Specifically, the patient's condition developed continuously in the first half of the year before coming to our outpatient clinic while they were also being treated in many hospitals. Since dystrophic epidermolysis bullosa pruriginosa was very diversified, and the doctor who received the doctor did not improve the histopathological examination. Furthermore, there were misdiagnoses such as nodular prurigo and lichen planus. Patients were given topical glucocorticoid cream (mometasone furoate cream) and oral antihistamines (loratadine tablets); however, their efficacies were not satisfactory. Upon referral to our hospital, we noticed these characteristic skin lesions in front of the tibia. In adjunct with prior unsatisfactory treatment, it is possible to improve the pathological examination for dystrophic epidermolysis bullosa pruriginosa after communicating with the patients. This aims to allow rapid diagnosis and symptomatic treatment, and fast-track the recovery of these patients.