

Reviewer:

The author described a rare case of amyloid dacryolith in the nasolacrimal excretory system. The article is clearly, but there are still some limitations.

1. What was the diagnostic basis of amyloidosis? whether there was Congo red staining?

Thanks for your comments. According to our references, amorphous pink material on hematoxylin-eosin staining is one piece of evidence which has been shown in our article. Congo red staining also supports the diagnosis and is added in the article after professional negotiation with the colleague in the department of pathology.

2. What were the abnormalities in laboratory examination, how to exclude amyloidosis caused by other diseases, or whether they were combined with other diseases.

Thanks for your comments. Total proteins were slightly lower. No other abnormalities were found. Amyloidosis can be primary and secondary, with the latter form related to diseases such as tuberculosis, rheumatoid arthritis, multiple myeloma, which can be differentiated by laboratory examinations.

3. Did you follow up the patients? What is the patient's current condition and is there any new lesions.

Thanks for your comments. We follow up the patients through telephone interview. No new lesions appear. The current condition of patient is good.