

Reviewer #1:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** English language in the manuscript is perfect. The concept presented is relatively new and methods are described in detail.

**A: We thank R1 for his honoring comments and his valuable suggestions and corrections. We have incorporated all of them to our revised manuscript**

I have some minor comments: On History of past illness and laboratory examinations why specifically mention psoriasis and not vitiligo which is a more common association of AA?

**A: added vitiligo, L160 as suggested**

Same, on Physical examination why mention specifically candidiasis? Maybe because of the possibility of autoimmune polyglandular syndrome? Then it should be mentioned, for clinicians reading the article to better understand the diagnosing/differentially diagnosing procedure.

**A: added as suggested, L177-178, although it was already mentioned L162-163 in "History of past illness" that "APECED syndrome (Autoimmune Polyendocrinopathy type 1) were also excluded with the necessary laboratory testing"**

On discussion, atopic dermatitis is called an autoimmune disease. I think it's better to call it an inflammatory disease with autoimmune, environmental, inherited etc. components, at least until the pathogenesis has been uncovered in full.

**A: changed as suggested L273-274 and at the Abstract and Core tip**

Since RCTs don't exist, and we don't know the optimal approach, in Conclusion, I think the phrase "alone or in combination with other treatments" should be added in the end.

**A: added exactly as suggested L347-348**

Since most dermatologists and pediatricians are not familiar with the possible treatment mentioned in the article, some major points should be added in the manuscript, just for informative purposes, like most important adverse events, required screening before treatment initiation, major interactions with other drugs and safety concerns etc.

**A: Firstly, we added this clarification at the TREATMENT-OUTCOME AND FOLLOW-UP SECTION L196-201: "As P1 and P2 were vitamin D deficient, we started an initial 6-month repletion with oral cholecalciferol 2000/4000 IU/day at the upper tolerable daily dose, according to the Endocrine Society Clinical Practice Expert Guideline Committee i.e., infants < 1-year 2000 IU daily and children 1-18 years 4000 IU daily (<https://www.endocrine.org/clinical-practice-guidelines/vitamin-d-deficiency>), with no apparent effect on hair growth."**

**Secondly, we added this paragraph L205-213 at the same section, as suggested.**

The word scalp is spelled sometimes "scalp" and sometimes "sculp" in the manuscript.

**A: corrected**

**Science editor:** 1 Scientific quality: The manuscript describes a case report of the treatment of alopecia totalis – universalis - focalis with vitamin D and analogs. The topic is within the scope of the WJCP. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: The concept presented is relatively new and methods are described in detail. The questions raised by the reviewers should be answered; (3) Format: There are 1 figure; (4) References: A total of 31 references are cited, including 8 references published in the last 3 years; (5) Self-cited references: There are 4 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations (i.e. those that are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to [editorialoffice@wjgnet.com](mailto:editorialoffice@wjgnet.com). The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade A. 3 Academic norms and rules: The authors provided the written informed consent. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCP. 5 Issues raised: (1) The authors did not provide original pictures. 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; and (2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

**A: We thank the Science Editor for his positive evaluation.**

- ***we have removed 1 self-citation***
- ***we have prepared figures as requested***
- ***we have edited appropriately all references***

I paste here again the comment of the first review: "On discussion, ATOPIC DERMATITIS is called an autoimmune disease. I think it's better to call it an inflammatory disease with autoimmune, environmental, inherited etc. components, at least until the pathogenesis has been uncovered in full." I was talking about atopic dermatitis, which is called an autoimmune disease in line 282. The authors changed the definition of alopecia areata in line 276 and abstract. That's the only correction that should be done.

**A: We thank reviewer for his honoring comments and his valuable suggestions and corrections. We have incorporated all of them to our revised manuscript.**