

**Reviewer 1:**

**SPECIFIC COMMENTS TO AUTHORS**

Point 01 The authors added, as one of the lessons of the case reported, that “It is necessary to improve the immunological examination and aorta computed tomography angiography (CTA) to determine secondary hypertension factors.” However, the authors need to add to the context the fact that the patient was found to have hypertension around 35 years ago. How easy was to get access to immunological examination and aorta computed tomography angiography back then?

*Response for Point 01: Thank you very much for your valuable time and for reviewing our paper. Thirty years ago, the patient was treated in community hospitals, the medical conditions were not so developed and the doctors did not further analyze the causes of high blood pressure and left upper limb weakness then, so it was delayed.*

Point 02 “Treatment: lowering blood pressure, antiplatelet and immunosuppressive treatment of Sjogren’s syndrome.” Please list and describe all the medicaments and the posology used for the treatment of each condition.

*Response for Point 02: It has been checked and modified according to your recommendations in the paper.*

Point 03 Please provide the following detailed data for the three-month follow-up: blood pressure parameters, results for the anti-platelet therapy, results of the treatment for Sjogren’s syndrome.

*Response for Point 03: It has been checked and modified according to your recommendations in the paper.*

**Reviewer 2:**

**SPECIFIC COMMENTS TO AUTHORS**

This manuscript titled “Subclavian steal syndrome associated with Sjogren's syndrome: A case report” describe an interesting case of subclavian steal syndrome combined with Sjogren's syndrome. The Title, Abstract and Key words adequately describe the manuscript’s main point. The clinical features, laboratory examination and imaging manifestations are well introduced. However, some concerns are listed below. - The pathological diagnosis of sjogren’s syndrome should be benign lymphoepithelial lesion instead of chronic inflammation. - To evaluate the activity of sjogren’s syndrome, the laboratory examination results lack serum $\beta$ 2 microglobulin, cryoglobulin, heumatoid factor. - The authors believed subclavian steal syndrome in this case was caused by sjogren's syndrome. However, the causality didn’t be well proved. These two diseases also could be happened independently. - The image definition of labial biopsy should be improved.

***Response:** Thank you very much for your valuable time and for reviewing our paper. The point is a good one. Maybe the two diseases happen by chance, but I think they are strongly correlated, only indirectly evidenced by the improvement of hypertension and fatigue symptoms after treatment. I have provided the detailed data for the three-month follow-up: the left upper limb fatigue improved. The blood pressure decreased to 120/70mmHg (right upper limb) and 90/50mmHg (left upper limb). ESR was lower to 12mm/h, ANAs changed to negative, and ANA titer is 1:100. Anti-histone antibody, Anti-dsDNA, ACA, anti-SS-B antibody, anti-Ro-52 antibody, and anti-SS-A antibody are all negative, which could prove the correlation between the two diseases.*