

ANSWERING REVIEWERS

Dear Dr. Jerzy Tadeusz Chudek:

Thank you very much for your positive and constructive comments and suggestions on our manuscript entitled “Successful management of a breastfeeding mother with severe eczema of the nipple beginning from puberty: A case report”. (Manuscript NO.: 76115). We have revised our manuscript according to your suggestions, and hope that the revised version will meet your standard of publication. We respond to the reviewer’s comments as follows:

Reviewer #1:

Comment	Response
This is a case report to address successful management of a breastfeeding mother with severe eczema of the nipple beginning from puberty. The authors concluded that for lactating women with nipple eczema, breastfeeding consultants should play an important role and provide whole-process and individual guidance. That is interesting and helpful. However, it lacks originality.	Thanks for your comments. We extended the follow-up and observed breastfeeding of the patient at six months (added in OUTCOME AND FOLLOW-UP). This is a rare case of severe eczema of the nipple beginning from puberty, and the patient achieved exclusive breastfeeding for 6 months after a series of effective interventions. We hope that by extending the follow-up time, we can obtain more evidence for breastfeeding guidance of patients with eczema of the nipple to increase the originality of the study.

Reviewer #2:

Thank you for your valuable Suggestions for this paper. As for the words or expressions, we have revised them according to your suggestion. And We have asked a professional organization to edit and correct the English language. Modifications to the remaining issues are shown in the table below.

Comment	Response
Introduction: Please provide reference for this sentence: “repeated scratching can triggerreduces quality of life”.	Thanks for your suggestion. We have cited a literature (Ref. 11) that confirms that eczema symptoms reduce quality of life.
Chief complaints: please replace “Gestation 1 Parturition 0” with “Gravida 1 Parity 0”.	We have revised it.
History of present and past illness: Please amend the first sentence as “The	We have revised the sentence as “Nipple squeezing was performed by her family

patients reported that when she was born, nipple squeezing”	members according to local customs, and skin on the nipple was damaged after squeezing”.
Physical examination: please clarify where the yellow secretions came from: cracks on the areola or skin of the nipple, coming out from inside the breast, blisters on the nipple/areola?	We have added the source of yellow secretions as shown in <i>Physical examination</i> . . “There were remarkable yellow secretions coming from the cracks on the areola or skin of the nipple, and the nipples were cracked and red (Figure 1)”.
Intervention – Health education : you have indicated the education was around the cause of the disease. What about education on how to best look after the nipples/breast to make sure the eczema isn’t stimulated? Any education on the ways to reduce the irritation? Or else?	We have added more details on health education: the breastfeeding counselor explained the cause of the disease, in order to reduce her stigma; educate the patient to avoid scratching, rubbing and other irritating behaviors when feeling itching; avoid using soap and other alkaline cleaning agents to clean the nipple skin; change underwear frequently and wear loose, cotton underwear; eat foods that are light and rich in vitamins and plant protein, and avoid alcohol and spicy foods; avoid high water temperature when bathing , the recommended water temperature is 32°C~37°C, and the time is less than 10 minutes. In addition, dermatologic treatment was suggested.
Intervention – Referral: Please provide the actual dose of the topical ointments that were prescribed.	We have added the doses of the topical ointments: The dermatologist prescribed hydrocortisone butyrate cream for topical application (2g each time, twice daily), polymyxin B ointment (2g each time, twice daily), and albolene (20g each time, three times daily).
- Intervention – Psychological support: how was the psychological assessment performed? Did you use a tool/measure/questionnaire to assess the patient’s psychological wellbeing or did you simply ask how she feels about her condition?	Breastfeeding consultants acquired the patient’s mental health status and disease-related feelings through in-depth interviews and provided appropriate psychological support.

What factors were considered when assessing the improvement of eczema after intervention? The size of the cracks and/or redness of the area? The amount of yellow discharge from the nipple? Or else? Please clarify based on which criteria the improvement was indicated.	After the continuous monitoring and guidance of the patient, the nipple eczema significantly improved before delivery: the yellow secretion disappeared, the crack relieved, and the pain and pruritus relieved significantly. Patient's breastfeeding confidence was enhanced.
The patient was advised to use Vaseline to moisturize the nipple. Please clarify whether the mother had to remove the Vaseline from nipples before breastfeeding. There are many breastfeeding creams that are safe for the baby and do not need to be removed before feeding. Because the actual wiping and removal of the cream from nipples can irritate the nipples.	The breastfeeding consultant implemented one-on-one guidance in the hospital ward on correct breastfeeding posture, and encouraged intermittent use of Vaseline after breastfeeding in order to prevent cracked nipples. Before the next breastfeeding, Vaseline would be fully absorbed by the skin. So there was no need for the patient to remove the Vaseline from nipples before breastfeeding.
Outcomes and follow-up: please replace "The patient complained of reduced anxiety symptoms" with "The patient reported reduced anxiety symptoms".	We have revised it as you suggested.
- Outcomes and follow-up: please indicate for how long the mother provided exclusive breastfeeding and what was the reason for stopping breastfeeding. Was that because of the nipple eczema and irritation? Or only personal choice?	We followed up the patients for six months, and the patient succeeded in exclusive breastfeeding for six months. Subsequently, the infant was supplemented with complementary food while being breastfed.

Reviewer #3:

Comment	Response
The authors report a case of peripartum severe eczema of the nipple. A wholistic approach with medical management, medication guidance, regular monitoring, psychological support and continuity of care ensured that successful exclusive breastfeeding. The case report may report a very common pathology (1/10), but comprehensive care can achieve the World Health Organization goal of exclusive	Thank you for your valuable suggestions. We extended the follow-up and observed breastfeeding at six months as shown in OUTCOME AND FOLLOW-UP. In this case, exclusive breastfeeding was achieved for 6 months. By doing so, we hope that we can obtain more evidence for breastfeeding guidance of patients with eczema of the nipple in the future.

breast-feeding until age 6 months of age.	
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