Revision

1. revise the title.

Revise: X-linked recessive Kallmann syndrome: A Case Report and Literature Review

2. Please format the paragraph (justify).

Revise: Paragraphs have been formatted and modified formatting.

3. This manuscript need English editing.

Revise: This manuscript has been edited in English.

4. Revise the introduction: 1." Primarily due to insufficient production, secretion or action of gonadotropin-releasing hormone (GnRH), the initiation and maintenance of our human reproductive activity depends on the pulsatile secretion of GnRH".

Revise: The disease is characterised by the association of an isolated defect in the secretion (or, less commonly, action) of gonadotropin-releasing hormone (GnRH).It initiates and maintains reproductive function in human by coordinating the GnRH synthesis and pulsatile secretion.

5. "A 26-year-old male patient was admitted to hospital with anosmia for 26 years" Does the author means since birth. Usually very difficult to describe the anosmia since birth because at early childhood, most likely the anosmia was not appreciated at that time.

Revise: A 26-year-old male patient was admitted to hospital with not develop secondary sex characteristics, such as the growth of facial hair, deepening of the voice and an unusually small penis (micropenis).

6. "and secondary sexual characteristics not developed for 9 years". What type of characteristic that not develop for the past 9 years?

Revise:

7. The pennis and testis became smaller or not develop to appropriate size for age?

Revise: The pennis and testis didn't develop to appropriate size for age.

8. Suggestion: The patient denied any familial or inherited disease among family members.

Revise: His parents are healthy, and their marriage is nonconsanguineous. He

has a younger brother who is in good health. He denied a familial genetic history.

9. Suggest to write properly, within sentences the weight, height, waist hip ratio in physical examination part

Revise: Physical examination revealed the following: height 1.74 m, weight 58 kg, BMI 19.15 kg/m2, waist-to-hip ratio of 0.78, sitting height 87 cm, and arm length 1.79 m.

10.Define tanner stage.

Revise: Tanner Stage was G1P2. Testicles and penis belonged to the infantile type. His testicles were less than 2.5cm in diameter, with pubic hair of a little sparse straight and light color.

11. Why the right testis was not touched?

Revise: The right testicle was not found in the scrotum.

12. What did the author means by adolescent dysplasia?

Revise: With not develop secondary sex characteristics, such as the grow th of facial hair, deepening of the voice and an unusually small penis (micropenis).

13.Define COR

Revise: cortisone

14. The interpretation of LHRH stimulation test need to be revised.

Revise: The response was delayed.

15. How does the subcutaneous hormone therapy course be given? Stat dose? Or serial injection be given?

Revise: The GNRH pulse pump was set to pulse once every 90 minute s, with subcutaneous infusion of 10µg each time, a total of 16 pulses in 24 hours.

16.absent puberty and an impaired sense of smell.

Revise: do not develop secondary sex characteristics, such as the growth of facial hair and deepening of the voice in males, have an unusually small penis (micropenis).

17.Please format the reference according to journal format.

Revise: The format of the references has been modified according to the requirements of the journal

18. the tables are unformatted in the file. Also, Tables 1, 2, 3.1 and 3.2 are followed in the text. I didn't understand the division in table 3.1 and 3.2.

Revise: The numbering of the tables in the file has been modified to table 1, table 2, table 3, table 4.