Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled"mmune-mediated necrotizing myopathy: two case reports and a literature review"(ID:81226).Those comments are all valuable and very helpful for revising and improving our paper,as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval.The main corrections in the paper and the responds to the reviewer's comments are as following.

Responds to the reviewer's comments:

Reviewer #1:

Major revision:

1. Response to comment:

Major revision:

1# explain more about the differences between these two cases and the novelty of the review.

Response:

In this paper, two patients were reported: one was positive for anti-SRP antibody, and the other was positive for anti-HMGCR antibody. The two patients had different clinical manifestations and ancillary examinations.The innovation lies in the comparative analysis of two patients at the same time. Combined with literature review, the characteristics of these two types are summarized.

2. Response to comment:

Minor revision:

1# write anti-HMGCR, anti-SRP, and MRI in capital words

2# if following MRI and CK after treatment is available add them to this paper

3# add the dosages and drugs for hormone shock therapy

4# page 5 lines 32-38: try to explain this paragraph more clearly

5# page 5 line 14 add parenthesis before MAC

6# mention time more exclusively in the history of the present illness. Three months before what if you mean hospitalization please add this explanation after "ago" s.

Response:

1# Anti-HMGCR, anti-SRP, and MRI has been modified.

2# The first patient refused MRI after treatment.The MRI and CK of the second patient after treatment were not significantly changed compared with before treatment.

3# Hormone therapy medications and doses have been supplemented.(500 mg, 240 mg, and 120 mg methylprednisolone intravenously for 3 days each, then oral prednisolone 60 mg, gradually reduced to a 30 mg maintenance dose).

4# Modified in the manuscript:in this article, the first patient had typical clinical symptoms and laboratory tests and was clearly diagnosed with SRP-positive resistant necrotic myopathy by a myositis antibody spectrum test. In the second patient, the disease progressed slowly and had a long course. Muscle MRI indicated that fat infiltration and myopathic muscle atrophy were relatively serious. At first, it was suspected that the disease was limb-girdle muscular dystrophy. However, no abnormality was found in the genetic test of the patient. After improving the muscle immunohistochemistry, the patient was finally diagnosed with necrotizing myopathy with

positive HMGCR antibody.
5# The parenthesis has been added.
6# Supplemented in the manuscript.Case 1: Three months prior to patient admission, after wading, the patient developed weakness of both lower limbs, walking instability, and a sense of stepping on cotton. Case 2: Ten years prior to patient admission, she was unable to hold heavy objects for no obvious reason, accompanied by muscle pain in the proximal upper limbs after exercise.

We tried our best to improve the manuscript. We appreciate for your warm work earnestly, and hope the correction will meet with approval. Once again, thank you very much for your comments and suggestions.