

Specific Comments To Authors:

The manuscript entitled " Development of Henoch-Schoenlein purpura in a child with idiopathic hypereosinophilia syndrome with multiple thrombotic onset: a case report " reported a case of IHES with dyspnea and lower limb pain as the initial presentation and subsequent concomitant HSP. The paper is well structured, written English is generally good throughout the text. My comments are below: 1. Novelty: The contributions that the study has made for research progress in this field should be highlighted. 2. Abstract: "DISCUSSION" should be corrected to "CONCLUSION". 3. Introduction: I doubt this sentence "Children diagnosed as IHES with multiple embolisms complicated by HSP have not been reported at home or abroad". I found that Children diagnosed as IHES with multiple embolisms complicated by HSP has been reported previously. 4. Discussion: 4.1 Summarize the clinical data of patients with HES with thrombotic events into a table, including clinical manifestations, treatment, prognosis, etc 4.2 The prognosis of patients with HES with thrombotic events should be discussed. 4.3 Limitation of this study and future scope are missing. 5. Figure: 5.1 Please provide Color Doppler ultrasound, Fig 3 (A) is only two-dimensional ultrasound. 5.2 What the arrows refer to should be clarified in the illustration.

Answering:

1. Novelty: This case extends the list of HES patients with autoimmune diseases.
2. Abstract: "DISCUSSION" had been corrected to "CONCLUSION".
3. In the manuscript, I have changed to children diagnosed with IHES with multiple embolisms complicated by HSP are very rare. But I searched all the databases I knew, but I couldn't find such an article, so I wanted to ask the teacher, can you send me the name and author of this article?
Sorry to add trouble to you.

4. 4.1 Clinical data of patients with HES with thrombotic events

serial number	Number of cases	Symptom	Thrombotic events	Treat	Prognosis
1	2	Papules/ multiple	Deep venous thrombosis(DVT)	Prednisolone and anticoagulants/	Died/ unknown

		painful, papules and plaques over both legs	of the lower extremities, PE, left renal vein thrombosis/dermal microthrombi	unknown	
2	1	Pain and swelling of both legs accompanied with fever	DVT of the lower extremities, PE, portal thrombosis, mesenteric venous thrombosis	Prednisone, coumadin	Improved
3	2	Progressive chest pain, cough, hemoptysis, painless right leg swelling and 10 days history of intermittent diarrhea/ pain and swelling of right leg, hemoptysis	DVT of the right lower extremity, PE	Anticoagulant, corticosteroids	Improved
4	1	Shortness of breath, chest pain, digital ischaemia	DVT of the lower extremities, PE, portal vein Thrombus, vena cava thrombus	Inferior vena cava filter insertion, thrombolysis, prednisolone, anticoagulation	Improved
5	1	Distal lower extremity paresthesias and fatigue	Cerebral arteriolar thromboembolism	Methylprednisolone	Died
6	1	Headaches, vomiting, a rise in blood pressure	Sagittal sinus vein thrombosis	Anticoagulation	Died
7	1	Fever, respiratory distress	Right atrial and ventricular thrombosis	Anticoagulation	Improved
8	2	Pain in the left	Thrombus	Splenectomy,	Improved

		inguinal region/ palsy and pain in the right middle finger	formation from the trunk of the portal vein, superior mesenteric vein, splenic vein, and right hepatic vein to deep veins in the lower extremities/ A thrombus of the muscular artery in the subcutaneous region	prednisolone, anticoagulation/ prednisolone, cyclosporin A, prostaglandin E1, the finger was amputated	
9	1	Left upper abdominal pain, dry cough, a painful ,swollen left leg	DVT of the left lower extremity	Prednisolone, anticoagulation	Improved
10	1	Headache, vomiting	Superior sagittal sinus thrombosis	Anticoagulation	Improved
11	1	Fever	Portal vein thrombosis	Corticosteroids, anticoagulation	Improved
12	1	Disorientation, decreased muscle strength in the upper limbs, nonspecific chest pain	Arch of the aorta thrombus	Corticosteroids, anticoagulation	Aggravation
13	1	Cough, malaise, loss of appetite, and fever	DVT of the lower extremities, PE, and both right and left biventricular mural thrombi	Glucocorticoids	Improved
14	1	Swelling in the right parotid gland	Transverse and sigmoid sinuses thrombosis	Methylprednisolone	Died
15	1	fever, hemoptysis, and chest pain.	DVT of the lower extremities, PE	Dexamethasone, anticoagulation	Improved

16	3	Unknown	Superficial venous thrombophlebitis of the lower extremities	Prednisone, anticoagulation	Improved
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Table 1. “/” Before and after are different patients

A retrospective review of the English literature found 16 articles, a total of 21 patients were diagnosed with HES and complicated with thrombotic events, of which DVT accounted for 38%, and PE 33%. The mortality rate was 19%.

4.2 The prognosis of patients with HES with thrombotic events: It has been reported all patients' EC decreased, and 98.3% achieved complete remission after treatment with glucocorticoids. Standard anticoagulation treatments also effectively prevented the recurrence of venous thromboembolism, and no severe bleeding events were observed during the short-term follow-up. There is no published information about the long-term outcomes of glucocorticoids and anticoagulant therapy in patients with idiopathic eosinophilia (including HES) and venous thromboembolism.

4.3 Limitation of this study and future scope are missing: The current case was isolated, and whether there are other pathways between eosinophilia and HSP needs to be further investigated.

5 Color Doppler ultrasound has been provided.

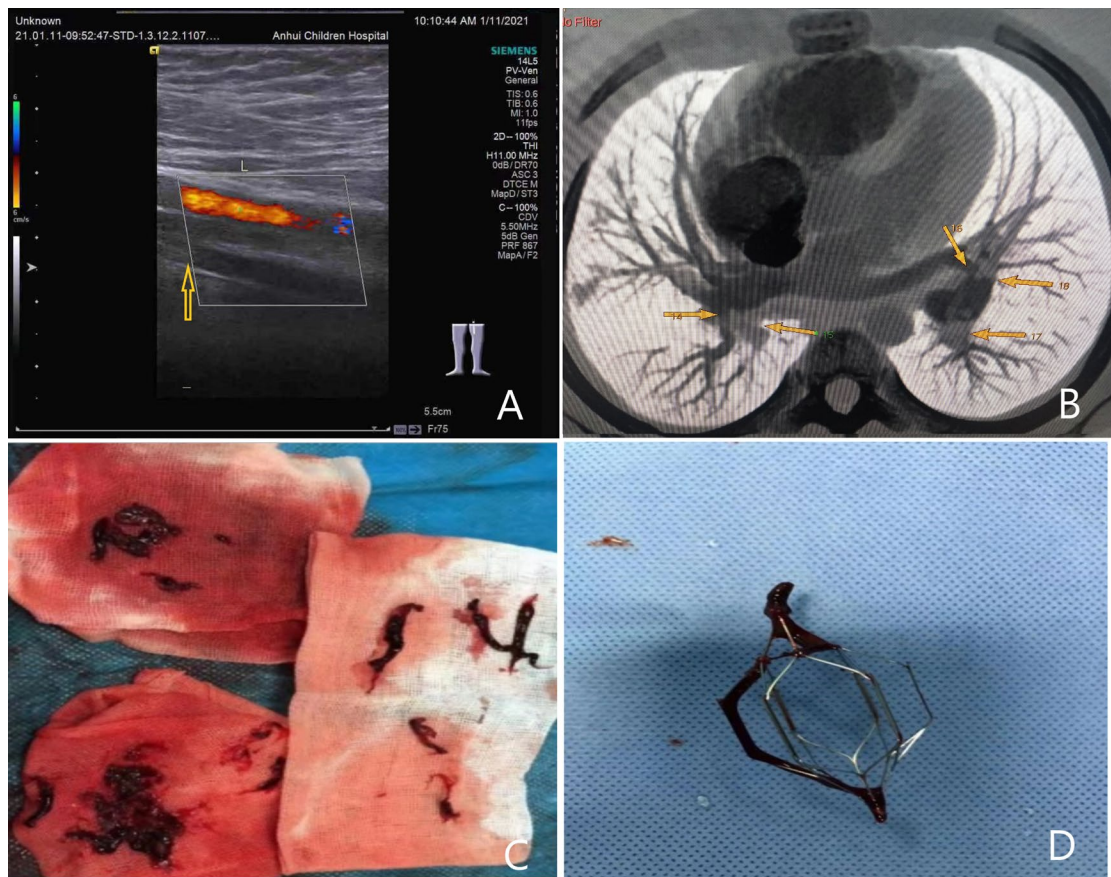


Figure 3 (A) The arrow in the figure indicates the superficial femoral vein of the left lower extremity, through which no blood flow passes. The color flow is the superficial femoral artery of the left lower extremity. (B) The arrows in the figure indicate multiple filling defects in the main pulmonary arteries of both lobes and segments.

Specific Comments To Authors: Very interesting and well-written case report. I only suggest a language revision, since i found some minor english errors.

Answering: We have made language revision.