

Dear editors,

This article has been modified in response to commenters' requests. Now, we are answering these questions point to point.

Reviewer #1

Page 3. "Kunming Children's Hospital": specify city and country.

Ok, we have revised it.

Page 5. "Antinuclear antibody": write "antinuclear antibody" (without capital letters).

Ok, we have revised it.

Page 5, Final diagnostic. "Purpura annularis telangiectodes of Majocchi (PATM).": write "PATM" (use the abbreviation that has been defined above).

Ok, we have revised it.

Page 6. "telephoneIn.": delete "In".

Ok, we have revised it.

Figure 2: add a scale bar on the picture.

Sorry, our original picture has no scale bar. But we have marked the magnification in the image annotation.

Figure 3: - add a scale bar on the picture (instead of x400), - - add several legends and/or arrows to show the different parts (lymphocytes, histiocytes, BV, hemosiderin...).

Sorry, our original picture has no scale bar. But we have marked the magnification in the image annotation. The arrows have been added.

Reviewer #2

1 Title. Does the title reflect the main subject/hypothesis of the manuscript? YES

2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? YES

3 Key Words. Do the key words reflect the focus of the manuscript? YES

4 Background. Does the manuscript adequately describe the background, present status and significance of the study? YES

5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? YES.

Histological examination is always necessary to perform diagnosis?

Clinical presentation can be sufficient? Which are the differential

diagnoses? Why did you exclude lichen aureus? I know that histological examination is often superimposable in pigmented purpuric dermatoses and diagnoses can be achieved also by clinical presentation.

I'm sorry we have lost the most important information about this, so we added this in our article. PATM needs to be differentiated from (LA) and purpuric mycosis fungoides (PMF). LA generally affects young adults. And it is clinically characterized by the golden or rust-colored macules or needle-tip-sized flat papules on the lower limbs. Dermoscopic features showed that a mass of punctate globular or reticular pigmented structures and purplish red patches on red-brown diffuse background. PMF is a cutaneous lymphoma with purpuric eruptions as the clinical manifestation. Spermatozoa-like vessels or short, linear vessels under dermoscopy have diagnostic value in PMF. Distribution pattern of pigments and purplish red patches under dermoscopy in PATM and LA were not similar. PATM showed a ring-like distribution, while LA showed a diffuse distribution. Both of them have no special structure vessels under dermoscopy, but PMF has its own characteristic vessels such as spermatozoa-like vessels. So, we believed that the differences between PATM, LA and PMF in clinical and dermoscopy were obviously, and we could distinguish the three diseases.

6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field?

Yes, PATM is rare and harmless, but cutaneous T-cell lymphoma needs to be ruled out in some cases. Thus, long-term follow-up of PATM is necessary. Dermoscopy, as a non-invasive detection method, has a good corresponding relationship with histopathology, and multi-site observation is more beneficial to the follow-up of children.

7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? Which is the rationale of treating with dipyridamole tablets? Mometasone cream can be sufficient? Which is the prevalence of Majocchi disease in pediatric

age? "Although Majocchi disease is harmless, cutaneous T-cell lymphoma needs to be ruled out in some cases" please explain this sentence with some examples of references; otherwise, you should delete it.

Which is the rationale of treating with dipyridamole tablets?

Yes, we have revised the discussion in the new versions. The patient was initially diagnosed with purpura, and dipyridamole tablets were the clinical experience of our department. However, after 3 days when the child was pathologically confirmed as PATM. After searching relevant literature, we found that dipyridamole tablets did not provide indications for the treatment of PATM. Therefore, we have let the patient stop taking dipyridamole tablets. This paper aims to study the role of dermoscopy in the diagnosis, differential diagnosis and prognostic follow-up of PATM. The treatment of this disease has been discussed in detail in many relevant literatures. In order to avoid confusion for readers, we have therefore decided to delete the treatment of dipyridamole tablets after consultation.

Mometasone cream can be sufficient?

After 2 weeks of drug treatment, we followed up the patient, who avoided strenuous exercise and prolonged standing while using mometasone furoate cream and oral vitamin C, and the rash subsided. However, the next follow-up showed that the rash recurred after strenuous exercise.

Which is the prevalence of Majocchi disease in pediatric age?

The etiology of PATM is unknown, but it seems more common in children and young women. In a small study of 101 children with pigmented purpuric dermatoses (PPD), PATM occupy 7%.

Although Majocchi disease is harmless, cutaneous T-cell lymphoma needs to be ruled out in some cases" please explain this sentence with some examples of references; otherwise, you should delete it.

Thanks for your reminding, we have added it.

8 Illustrations and tables. Are the figures, diagrams, and tables sufficient, good quality and appropriately illustrative, with labeling of figures using arrows, asterisks, etc, and are the legends adequate and accurately reflective of the images/illustrations shown? The pictures are of good quality

9 Biostatistics. Does the manuscript meet the requirements of biostatistics? NO

Our article does not cover the biostatistics.

10 Units. Does the manuscript meet the requirements of use of SI units? NO

We have revised it.

11 References. Does the manuscript appropriately cite the latest, important and authoritative references in the Introduction and Discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? You should add the recent review about pigmented purpuric dermatoses published in J Clin Med: Spigariolo CB, et al. Pigmented Purpuric Dermatoses: A Complete Narrative Review. J Clin Med. 2021 May 25;10(11):2283.

Yes, the references of this manuscript were updated. And we have cited the review which you have mentioned.

12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? OK

13 Research methods and reporting. Authors should have prepared their manuscripts according to BPG's standards for manuscript type and the appropriate topically-relevant category, as follows:

(1) CARE Checklist (2013) - Case report;

(2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial;

(3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis;

(4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and

(5) The ARRIVE Guidelines - Basic study. For

(6) Letters to the Editor, the author(s) should have prepared the manuscript according to the appropriate research methods and reporting. Letters to the Editor will be critically evaluated and only letters with new important original or complementary information should be considered for publication. A Letter to the Editor that only recapitulates information published in the article(s) and states that more studies are needed is not acceptable? N/A

We have submitted the CARE Checklist (2013) - Case report

14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? N/A

We've been approved by the hospital's ethics committee. And Ethical review documents have been provided.

Please let us know if you have answered yet.

Thank you!

Pu Yunjing, Jiang Hongjing and Zhang Li.