

Dear Editor:

The revised version of our submitted manuscript entitled "Comprehensive Management of Toxic Epidermal Necrolysis: Efficacy of Borneol-Gypsum Dressing in Skin Regeneration and Pain Control" (Manuscript ID: 88051) is attached. We thank the reviewers for their constructive comments, and have revised the manuscript accordingly. A point-by-point response to the reviewer's comments are appended below.

Best wishes,

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Reviewer 1:

the patient is given high dose glucocorticoid therapy. Are you considering checking your blood sugar and kidneys? are there any side effects that appear? - in this case, the author uses borneol as additional therapy. Maybe you can explain the herbal ingredients contained in the medicine - Will it be evaluated again within 1 month to 1 year?

Reply:

Thank you for your advice. During the patient's high-dose corticosteroid therapy, we meticulously monitored their blood glucose, liver, and kidney functions, ensuring these parameters remained within normal, acceptable limits through timely interventions. In treating Toxic Epidermal Necrolysis (TEN), we augmented standard drug therapies with topical applications of Borneol and Gypsum. Modern pharmacological research indicates that Borneol possesses anti-inflammatory and antibacterial properties. Its localized use not only alleviates pain in the affected skin areas but also aids in their hygienic treatment. Additionally, Gypsum effectively reduces exudation in the lesion areas and forms a temporary protective film on the skin, helping to mitigate lesion exacerbation and infection. Following our treatment regimen, the patient's skin lesions rapidly improved. Moreover, the patient has been under regular follow-up for a year now, with the condition remaining stable and no recurrence of rashes.

Reviewer 2:

1) The case is interesting because it describes in an exhaustive and detailed manner the evolution of a patient who develops a florid picture of TEN, with the usual therapeutic difficulties. The case is very well explained and reflects very well the chronology and details of the patient's evolution. 2) The systemic treatments administered: corticosteroids, gamma globulins and anti-TNF, beyond the existing debate in the literature, are those usually used to treat this entity. 3) The purpose of the article is nuclear. According to what is extracted from reading the article, the most relevant contribution is to use it as a supplementary treatment in order to promote healing and combat pain. This is not reflected in the title, summary or conclusions. If the authors want to draw attention to the results of their treatment, rather than presenting a simple clinical case, they should present it in a way that captures the readers' attention and which is not reflected in the article nor in the title. 4) In my opinion, it would be more interesting to refocus the work, highlighting the points that really represent a contribution and a reason for reflection, such as wound control or local pain management.

Reply:

Thank you for your insightful advice. Your suggestions were particularly constructive, highlighting the emphasis of the article on therapeutic

approaches, especially the novel use of Gypsum and Borneol in addition to standard pharmacotherapy. This approach not only hastened the healing of skin lesions in patients but also reduced the risk of infection and discomfort during treatment. Such insights could be revolutionary in the treatment of exfoliative dermatitis, offering new perspectives for clinical management. The article has been revised accordingly, with a shifted focus in both the title and discussion. It now primarily highlights how the integration of Gypsum and Borneol with conventional treatments can effectively alleviate pain in skin lesions and provide anti-inflammatory and antibacterial benefits, thereby promoting the healing of damaged skin.