1.Grammatical and typographic errors should be corrected by professional English editoring.

This article has been proofread and edited in English by one or more of the qualified scientific editors at MedSci.

2.The major issue is that this is a case of splenic marginal zone lymphoma with extensive nodal involvement and also bone marrow involvement. This should be clearly specified.Although the WBC count was in normal ranges, examination of the peripheral blood smear and flow cytometric study are indicated to exclude leukemic change.

The above issues that need to be highlighted in the opinion are already being added to the diagnostic section,located on pages 9 and 10 of the article.

3.“a large systemic rash” is a wrong expression. Maybe better as “generalized skin rashes”.

“a large systemic rash” appeared in two places in the article, one was “core tip” and the other was “case summary”, both of which have been revised.

4.“ Patients with severe MZL”. “severe” is not a good objective to use, “advanced stage” is better.

“Patients with severe MZL”appeared in two places in this article, one was “core tip ”and the other was “conclusion of the abstract”, both of which have been revised.

5.“B-NHL” should be spelled out at the first appearance in the text.

B-NHL first appears in the first sentence of the introduction, with the B-NHL abbreviation preceded by the specific English spelling.

6. Page 6. ”80 pairs of traditional Chinese medicine”. “pair” is an odd adjective for this.

“80 pairs of traditional Chinese medicine” appears in the “History of past illness” and has been changed to “80 doses of traditional Chinese medicine”.

7.“a clear diagnosis” should be revised to “a definitive diagnosis”.

“a clear diagnosis” appears in the penultimate sentence of “History of past illness” and has been changed to “a definitive diagnosis”.

8.Page 7. The lymph node as “tough”. This is certainly a wrong expression.

“the lymph node was tough” appears on “Physical examination upon admission” and has been changed to “the lymph node was hard”.

9.What was the LDH level?

The normal range of LDH is 114-240 IU/L, and an elevated LDH level indicates a high tumor burden. The LDH level of this patient was in the normal range.

10.Pathological and immunohistochemical findings should be properly revised.

Pathology and immunohistochemistry results have been recommunicated to the pathologist and revised.

11.BM biopsy findings with immunohistochemistry should be properly described, better be accompanied with a figure.

The BM biopsy text and image results have been added to the "Imaging examination" section on page 9 and Figure 5 on the last page of this article. Since this patient's BM biopsy was normal and lymphocyte morphology was not abnormal, further immunohistochemistry was not performed.

12.Discussion section is too lengthy. For example, why discussing P53?

In general, the first-line treatment of symptomatic MZL is single-agent CD20 monoclonal antibody or BTKi. The TP53 discussion is intended to justify the need to add BTKi to first-line CD20 monoclonal antibody in the treatment of this patient, as BTKi has been confirmed to partially overcome P53 abnormality in CLL studies.

Regarding the discussion section being too long, the results of some research reports have been shortened for your reference. If it is still long, I can revise it again.

13.Page 15. Last 2n line. “some retraction” should be regression.

"some retraction "appears in the discussion section about “ after 3 courses of treatment” on page 15 and has been modified to "some regression" as required.

14.Any hypothesis that type II anti-CD20 is better than type I for the skin rashes?

We found no evidence in the literature of the superiority of type II anti-CD20 over type I for the skin rashes.The adjustment to type II anti-CD20 in this patient was due to the superiority of type II anti-CD20 in indolent lymphomas and was directed against the MZL itself rather than the rash.