

March, 31st 2014



Dear Editor,

Thank you for sending the comments of the reviewers. Please find enclosed the edited manuscript in Word format (file name: 8853-review.doc). We hope that our manuscript meets now the high standards of your journal.

Title: Actinic prurigo on the lip: two cases report

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Name of Journal: *World Journal of Clinical Cases*

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The manuscript has been improved according to the suggestions of reviewers:

Reviewer # 1

1. Please improve the histopathology images.

Answer: We changed some histopathology images, and included a better description of them.

Reviewer # 3

1. Interesting case but it is difficult to diagnose actinic prurigo without typical skin manifestations. Have other differential diagnoses been ruled out? What about direct immunofluorescence and exclusion of oral pemphigus? Serum indirect immunofluorescence and desmogleins - have they been performed?

Answer: Yes. Other differential diagnoses were ruled out. It is discussed in the paper. Two experienced pathologists performed the cytological and histological analysis. The cytological exam only showed inflammatory cells. Acantholytic cells, which are expected in pemphigus vulgaris cases, were not present in cytological slides. Regarding the histological analysis, there was no intraepithelial cleft, neither acantholytic cells. Moreover, the presence of lymphoid follicles is not a feature expected in pemphigus vulgaris lesions. Therefore, since the cytological and histological aspects were not suggestive of pemphigus vulgaris, there was no need to perform direct or indirect immunofluorescence to exclude pemphigus.

2. What about TCR gene rearrangement for the lymphoid follicles - are the lymphoid follicular infiltrations reactive or neoplastic?

Answer: Although there is a paper in the literature (Gonzalez-Rodriguez et al., 2001) that

showed clonal rearrangements of T-cell receptor (TCR) genes in biopsy samples taken from the labial mucosa of two patients with actinic prurigo of the lip, this investigation is not necessary for the diagnosis of actinic prurigo. Therefore, it was not investigated in the present cases.

One important thing to emphasize is that, although the two cases presented only lip lesions, both had typical histological features of actinic prurigo, as well as good response to the treatment.

3. Histological descriptions in both cases are not clear and detailed, and important positive and negative findings were not discussed.

Answer: We included new histological images and improved the histological descriptions.

4. Besides, in such situation, phototesting can yield important photobiological information, and also together with HLA typing especially looking out for HLADRB1*0407 and other HLA markers indicative of actinic prurigo in Brazilian population would be helpful too.

Answer: The first patient was referred to the dermatologist, who did not indicate the phototesting. The dermatologist agreed with the diagnosis and did not find any cutaneous lesion. Regarding HLA testing, we suggested it to the first patient, but, since it was not important for the diagnosis, the patient decided not doing it. The second patient was also referred to the dermatologist and HLA testing was also ordered on the second appointment, but the patient did not come back for the follow-up appointment.

5. Needs significant English polishing.

Answer: The English was revised.

Thank you again for publishing our manuscript in the *World Journal of Clinical Cases*.

Sincerely yours,

Ana Miranda