

## **Response to the comments by reviewers**

Manuscript NO: 43132

Title: Castleman disease presenting with jaundice: A case report and review of literature

### **Response to Reviewer 1 (00183086)**

Thank you for your encouraging comments. Our response to the other comments is as below.

Comment 1: In the Introduction section the phrase “This orphan disease presents” should be replaced. Therapeutic approach should be also mentioned in the Introduction. The aim of the study should be re-written.

Response: Thanks for the comment. This sentence containing “This orphan disease presents” has been re-written. The therapeutic approach has been briefly mentioned in the Introduction section “UCD can be curatively treated by surgical excision, while systemic therapy is required for effectively managing MCD”. Since CD comprises a heterogeneous group of disorders and presents with diverse clinical symptoms and signs due to the location, size, extent and diffusion, resulting in a large range of therapeutic options. In this case report article, we prefer to keep it concise in the introduction sections. Last two sentences have been revised.

Comment 2: The second section should be reduced in size. Only abnormal laboratory findings should be referred. Please clarify CT depiction.

Response: Thanks for the comment. It has been revised. Since AFP, CEA and CA19-9 are very important cancer biomarkers for differential diagnosis in this case. We prefer to mention that they were of normal range. To reduce the size of this section, we prefer to a brief depiction of CT since images are provided in Figure 1.

Comment 3: The sections Final diagnosis and Treatment should be included in the second one.

Response: The sections of “Final diagnosis” and “Treatment” are the required formats by the journal. To avoid repeated information throughout the manuscript, we did not include them in the second section.

Comment 4: The Discussion section should avoid information included in the Introduction. Therapeutic approach should be more commented.

Response: Thanks for the comment. The discussion section has been revised by removing the information included in the introduction section. For this case, surgical excision is the only curative approach for UCD; thus we did not include other therapeutic approaches. However, following the comment by the other reviewer, we include more diagnostic approaches in the discussion section.

Comment 5: Newly published articles should be included in the References section.

Response: During preparing the revised manuscript, we searched the literature again and confirmed that all the published articles reporting CD accompanied with jaundice had been included in the manuscript.

Comment 6: The number of figures should be reduced.

Response: Three figures are included in the manuscript. In our opinion, it is a reasonable number of figures for a case report article. We would like to let the editorial office to decide whether the number of figures is appropriate.

Comment 7: Grammatical errors should be corrected.

Response: Thanks. The manuscript has been carefully checked again for correcting any grammatical errors.

**To reviewer 2 (01438831)**

Thank you for your encouraging comments. Our response to your other comments is as below.

Comment 1: What was the preoperative diagnosis? It should be described in the manuscript.

Response: Thanks for the comment. The preoperative diagnosis is abdominal lesion located between the hepatoduodenal ligament and the inferior vena cava. Unfortunately this was not a pathological diagnosis due to the inaccessibility of facilities and high cost as mentioned below. It has been included in the manuscript.

Comment 2: Were there any invasion of the tumor to the bile duct?

Response: No, the mass did not invade the bile duct. Now this point has been included in the manuscript and this part has been revised.

Comment 3: LN metastasis might be a differential diagnosis then several imaging studies such as PET-CT, MRI or ERCP would be essential. What imaging studies did you choose other than dynamic CT and how was the findings?

Response: Thank for the comment. Yes, lymph node metastasis is a differential diagnosis and more imaging examinations will help guide preoperative diagnosis and therapeutic management. Unfortunately, the patient did not receive the other imaging examinations apart from dynamic CT due to high cost. This point has been included in the discussion section.

Comment 4: To confirm pathological diagnosis preoperatively, EUS-FNA should be an option. What do you think?

Response: As mentioned in the discussion section, CD comprises a heterogeneous group of disorders and presents with diverse clinical symptoms and signs due to the location, size, extent and diffusion. It is not easy to make a diagnosis preoperatively, and surgical excision is usually both a diagnostic and a curative method for management of CD, particularly for UCD. We agree with you in that EUS-FNA can help to make a pathological diagnosis preoperatively, and it has become a routine procedure at some endoscopic centers. Unfortunately, it is not a routine procedure at our hospital due to the inaccessibility of facilities. Thank you for the comment. This point has been included in the discussion section in the revised manuscript.

Comment 5: The term duodenal ligament in the manuscript and abstract should be hepatoduodenal ligament.

Response: Thanks for the comment. It has been corrected.