Dear Editors,

Re: Resubmission of manuscript reference no. 70331

We appreciate the reviewers' valuable comments and suggestions, which have enabled us to improve the quality of our manuscript. The manuscript has been revised as requested. Please see below our point-by-point responses to each of the reviewers' comments. We hope that this revised manuscript is now considered suitable for publication in the *World Journal of Clinical Cases*.

We look forward to hearing from you at your earliest convenience.

Sincerely,

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Reviewers' comments

Reviewer #1:

1. The authors have mentioned in the manuscript that genomic DNA from 100 normal individuals were extracted to act as normal controls. Can the authors elaborate on this? Why was the genomic data from 100 individuals needed? Were they taken from the archives or the genomic DNA analysis was done for this case only?

Response: This mutation was not present in the 100 Chinese control individuals. The genomic data were obtained from volunteers. This allowed single-nucleotide polymorphisms to be excluded.

2. A discussion on the various therapies, the use of genetic analysis in affected families to predict the occurrence of these lesions in other individuals of the same family can be added in the manuscript.

Response: There are five main types of treatment for porokeratosis: topical or systemic drug therapy, surgical excision, cryotherapy, laser ablation, and photodynamic therapy. This information has been added to the last paragraph of the Discussion section of the revised manuscript.

We have also addressed the important role of genetic analysis in affected families to the Discussion section of the revised manuscript.

3. Does the variation in the genetic involvement affect the prognosis?

Response: Without treatment, porokeratosis lesions usually persist indefinitely. Spontaneous regression is rare. Malignant transformation is seen in an average

of 7.5% of cases and is somewhat more frequent in Japanese patients (11.6%). Lesions at higher risk include long-standing lesions (average of 33.5-year duration), large lesions (porokeratosis of Mibelli), lesions located on the limbs, and linear porokeratosis [1].

Few reports have addressed the relationship between variation in genetic involvement and the prognosis. Gene mutations are usually seen in familial cases of disseminated superficial actinic porokeratosis, the malignant risk of which seems lower than that of other types of porokeratosis.

4. A follow-up data in the present case, if available can be added.

Response: The last follow-up was 6 months before we completed the manuscript. As we mentioned in the manuscript, the patient developed no recurrence during 6 years of follow-up.

Science editor:

I find it a well-structured interesting study.

The incidence rate of Porokeratosis should be described in the introduction part.

The choice of the references is outdated.

Response: We have reviewed the literature and latest research. Porokeratosis is a rare disease, and the exact incidence rate is unknown.

genomic DNA from 100 normal healthy Chinese individuals was extracted as controls. Can the author explain why so many comparisons are needed?

Response: This mutation was not present in the 100 Chinese control individuals. The genomic data were obtained from volunteers. This allowed single-nucleotide polymorphisms to be excluded.

In the discussion section, different methods of treating the disease should be summarized.

Response: We have summarized the treatment methods as advised.

Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before its final acceptance, the author(s) must provide the Signed Informed Consent Form(s) or Document(s) of treatment.

The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words).

Response: We have shortened the title to "Mixed Porokeratosis With a Novel MVK Gene Mutation: A Case Report and Literature Review."

Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

Response: We have performed the above-described revisions and submitted the figures and tables as separate files.

References

1 Kanitakis J. Porokeratoses: an update of clinical, aetiopathogenic and therapeutic features. Eur J Dermatol. 2014: 533 [PMID: 25115203 10.1684/ejd.2014.2402: 10.1684/ejd.2014.2402]