

Dear Editors:

Thank you for arranging a timely review for our manuscript (Manuscript NO.: 77416). We have carefully evaluated the reviewers' critical comments and thoughtful suggestions, responded to these suggestions point-by-point, and revised the manuscript accordingly.

All changes made in the text are marked (**in bold**) so that they may be easily identified. The relevant reviewers' comments (**in bold**) and our response (*in italics*) are presented below.

We hope that the revised version of the manuscript will be acceptable for publication in your journal.

I look forward to hearing from you soon.

With all my best regards!

Sincerely yours,

Corresponding author: Mei Tian

Point-by-point responses to the reviewer' comments:

First of all, we thank all the reviewers for their positive and constructive comments and suggestions.

For Reviewer: 1

- 1. In "INTRODUCTION" section, the sentences needs a grammatical review to be more clarify "intestinal and mesenteric vasculitis in difficult to differentiate from stomach".**

Answer:

We have adjusted the sentence as follows: "In some varicella patients, severe abdominal pain is the first presentation, and the stomach, intestines, and spleen may be involved. When these patients have SLE, it is difficult to differentiate varicella from intestinal wall and mesenteric vasculitis, which makes diagnosis and treatment difficult." in "INTRODUCTION" section.

- 2. In "History of present illness" section, "The patient experienced a relapse of the above symptoms"; could we know the interval time between the first and relapsing symptoms.**

Answer:

We have added the interval time between the first and relapsing symptoms was 3 months in "History of present illness" section.

- 3. In "History of present illness" section, "Laboratory test results were as follows: neutrophil cytoplasmic antibody, perinuclear anti-neutrophil cytoplasmic antibody (pANCA)+; ";**

please review this part of the sentence "neutrophil cytoplasmic antibody".

Answer:

We have changed "neutrophil cytoplasmic antibody" to "anti-neutrophil cytoplasmic antibody" in "History of present illness" section.

- 4. In "Physical examination" section, the body temperature was 39 °C; could you please mention if the measurement of the temperature was done orally or axillary.**

Answer:

The measurement of the temperature was done axillary and we have added in "Physical examination" section.

- 5. In "Imaging examinations" section, please edit the phrase (CT angiography instead of CTA).**

Answer:

We have changed "CTA" to "CT angiography" in "Imaging examinations" section.

- 6. In "Table 1", please review the box of the table "W-SCC: absolute lymphocyte count, Ccr: Creatinine".**

Answer:

We have deleted "W-SCC: absolute lymphocyte count" and changed "Ccr: Creatinine" to "Cr: Creatinine" in "Table 1".

- 6. In "DISCUSSION" section, this sentences "intestinal and mesenteric vasculitis commonly occurs in patients with digestive system involvement, primarily arterioles or venules and the jejunum and ileu" needs a grammatical review.**

Answer:

We have changed this sentence to "digestive system involvement usually manifests as intestinal wall and mesenteric vasculitis, mainly involving the small arteries or venules of the jejunum and ileum." in "DISCUSSION" section.

- 7. In "DISCUSSION" section, "Figure 1" is not attached to the manuscript file. Please add the figure at the end of word file.**

Answer:

We have added the figure in the ppt file.

- 8. I have preferred to add more figures to enrich this valuable paper (for example CT of the chest in the context of interstitial pneumonia....).**

Answer:

We have added the Chest CT figure in the ppt file.

For Reviewer: 2

- 1. Well-written case report. The authors provided a unique case with a suitable methodology.**

Answer:

Thanks for the comment.

For Reviewer: 3

- 1. Authors showed a case of SLE showing disseminated varicella zoster accompanying gastrointestinal manifestations and sever pneumonia. This case showed serious condition, but the treatment was successfully done. The situation is not so rare. The image of skin lesions should be shown. The findings of liver biopsy might be helpful for understanding of the pathophysiology.**

Answer:

Thanks for the comment. We have added the image of skin lesions and the results of liver biopsies may not be available.

Round 2

Revised manuscript was well written. It is unclear that which part of the body did skin lesion is found at .

Answer:

Dear Editors: Thank you for arranging a timely review for our manuscript (Manuscript NO.: 77416). We have responded to these suggestions point-by-point, and revised the manuscript accordingly. All changes made in the text are marked (in bold) so that they may be easily identified. The relevant reviewers' comments and our response are presented below. We hope that the revised version of the manuscript will be acceptable for publication in your journal. I look forward to hearing from you soon. With all my best regards! Sincerely yours, Corresponding author: Mei Tian

Suggestions: 1. Specific comments of peer reviewer: Revised manuscript was well written. It is unclear that which part of the body did skin lesion is found at. Answer: We have described this part in the physical examination section. 2. Please add PMID numbers to your reference in the format of "van Gennip S, Schimmel JJ, van Hellemond GG, Defoort KC, Wymenga AB. Medial patellofemoral ligament reconstruction for patellar maltracking following total knee arthroplasty is effective. *Knee Surg Sports Traumatol Arthrosc* 2014; 22: 2569-2573 [PMID: 23108684 DOI: 10.1007/s00167-012-2269-y]". Answer: We have revised these references. 3. We request that the first author make an audio file describing your final core tip. Acceptable file formats: .mp3, .wav, or .aiff. Maximum file size: 10 MB. Answer: We have uploaded. 4. Please add page numbers of your manuscript to the last column of the table in the file "CARE Checklist – 2016" (not tick or "Yes"). Answer: We have modified it as required.