

Dear Editor and Reviewers,

Thank you very much for your valuable comments and suggestions on our manuscript.

Enclosed, please find our copy of the revised manuscript entitled “Imaging findings of IgG4-related hypophysitis: A case report and review of literature”. Amendments and changes were made as suggested by the previous reviewers. We hope the revised version will now be suitable for publication in the *World Journal of Clinical Cases*.

Our point-to-point response to the reviewers is enclosed in this letter.

We thank you for your continuing consideration and look forward to hearing from you soon.

Thank you and best regards,

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Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors: [Overall] Throughout this manuscript, the language usage needs to be improved; the authors should do some additional proofreading on it. Although the certificate of English proofreading is already attached, I do not consider the current English of the manuscript to be at a publishable level.

Response:

We greatly appreciate the meticulous work done by the reviewer to strengthen our paper. We have revised the corresponding part of the text.

This article has been edited by a native English speaker again, and attached the latest certificate.

Abstract: Case summary>”and gadolinium contrast-enhanced T1WI showed homogeneous and obvious enhancement.”: Please add whether there was an involvement of the pituitary stalk or not. Case summary>”Laboratory examination showed abnormal pituitary secretion.”: Please describe the types of abnormality.

Introduction> ”and easy to be misdiagnosed as pituitary tumors, lymphocytic hypophysitis, and lymphoid tissue hyperplasia [7].”: There are other types of hypophysitis that should be included in the differentials (e.g., granulomatous, immune checkpoint inhibitor-related). Here are some references that the author may consider citing: PMID: 31863360, 32763900.

Response:

The abstract and introduction have been revised according to the comments of the reviewer, and highlighted it.

Imaging examinations> “The pituitary stalk was not clearly displayed on T1WI.”: why on T1WI? Imaging examinations> Was the T1 hyperintensity of

the posterior lobe preserved or not? Imaging examinations> Has a search for IgG4RD at other sites been performed? How was the result?

Response:

In the Imaging examinations section, the sentence, “The pituitary stalk was not clearly displayed on T1WI” is our mistake. Actually, what we want to express is that the T1 hyperintensity in the posterior pituitary is not shown. We have revised and highlighted it. In addition, no systemic examination of the whole body was performed in this patient, so it is unclear whether other sites/organs are involved. We have explained and highlighted in the Discussion section.

Outcome and follow-up> “ there has been no recurrence on the last follow-up before the present study was submitted.”: Please describe in more detail the period of time until the final follow-up.

Response:

In the Outcome and follow-up section, we added specific time.

Discussion> The first half of the first paragraph of the Discussion describes the histological features of IgG4RD, but descriptions of how they related to the imaging findings of this case were scarce. Discussion> “Because of the similarity in imaging findings, it is usually necessary to differentiate IgG4-related hypophysitis from pituitary macroadenoma, lymphocytic hypophysitis, and histiocytosis.”: As I mentioned above, other types of hypophysitis should be included in differential diagnoses. Although the present case had no significant past medical history, elderly patients often have cancer history and can be on immune checkpoint inhibitors. It is important to add cancer metastasis and immune checkpoint inhibitor-related hypophysitis in the differential diagnoses in those cases.

Response:

In the Discussion section, we have revised and highlighted the relationship between pathology and imaging. Finally, as suggested by the reviewer, we have added and highlighted the differential diagnoses for other types of hypophysitis and metastases.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This is very nicely written case report of a rare disease. IgG4 in general is rare (and probably underdiagnosed) disease and this kind of reports are important in creating awareness of the disease among medical doctors of different specialities. Unfortunately, IgG4 serum level alone lacks sensitivity and specificity. To diagnose IgG4-related disease, current recommendations propose a comprehensive workup, including histology, organ morphology at imaging, serology, search for other organ involvement, and response to glucocorticoid treatment. IgG4 serum levels seem to have diagnostic value when the level is higher than four times the upper level of normal, which is the case in only a minority of patients. Also, normal values of serum IgG4 does not exclude IgG4 disease. I suggest that you add short comment on this problem in your case report.

Response:

Thank you very much for reviewer's recognition and comments.

According to the reviewer's suggestion, we have added corresponding comments and highlighted in the Discussion and Conclusions sections.

EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade C (A great deal of language polishing)

Scientific Quality: Grade C (Good)

Response:

We thank the editor for comments of our manuscript.

We have revised the paper according to the points raised by the reviewers, and the manuscript has been polished by a native English-speaking language editor. We hope the revised version will now be suitable for publication in the World Journal of Clinical Cases.

(2) 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 Consent for Treatment Form(s) or Document(s). Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". 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. In order to respect and protect the author's intellectual property rights and prevent

others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Response:

We thank the editor for comments of our manuscript.

We have provided the Signed Consent for Treatment Form(s) or Document(s) and the figures in the PPT file according to the corresponding requirements. All figures are original. Meanwhile, according to the suggestions of the Editor, We referenced the latest research results to revise our manuscript via RCA, and highlighted it in the manuscript. We hope the revision will now be suitable for publication in the World Journal of Clinical Cases.