

Reviewer #1:

Thank you very much for taking time out of your busy schedule to review my article. You have discussed the review opinions with all the authors. After careful consideration, you have solved all your questions and completed the revision of the paper, as follows:

1.1 Evaluation of arm lymphedema?

We agree and have updated, See lines 62-67 for details.

1.2 The case is missing details that should be part of the evaluation of arm lymphedema. Patient right or left-handed?

We have fixed the error, See lines 23-33 for details.

1.3 How many hours did the patient worked? Was it acute exacerbation, pre-existing chronic lymphedema or not?

This observation is correct. We have changed, See lines 27-33 for details.

2.1 Differential diagnosis? The paper assigns the lymphedema to sunburn. However, there is lack of differential diagnosis process to establish sunburn as a causal factor. Much of the case description suggests cellulitis, for which penicillin was appropriately given, cf for example Boettler et al (Cellulitis: A Review of Current Practice Guidelines and Differentiation from Pseudocellulitis. Am J Clin Dermatol. 2022 Mar;23(2):153-165). --- Did the patient do the same work in other months and in the previous years?

We have supplemented it, See lines 70-74 for details.

2.3 Did the other arm was also affected by sunburn?

We finished the revision, See lines 30-31 for details.

2.4 It would be unusual that there is a "sunburn" on one arm, but not in the other arm.

We agree with the reviewer, When the patient is exposed to the hot sun, both upper limbs have sunburn marks, especially the right upper limb, See lines 28-29 for details.

3.1 Discuss the lymphedema risk factors. Consider structuring the discussion to review whether or not the patient was at low or high risk of

lymphedema – see for example Soran et al (Estimating the Probability of Lymphedema After Breast Cancer Surgery. Am J Clin Oncol 2011;34:506-510)-which lists treatment-, disease-, and patient-related factors.), including infection as a major risk factor.

We thank the reviewer for pointing this out. We have revised, See lines 15 and 57-61 for details.

Reviewer #2:

1. Also include in your introduction evidence relating severe solar dermatitis to lymphedema. (not just on breast cancer treatment)

We are very grateful to the reviewers for their comments ,See lines 74-76 for details.

2.1 Case report: Good to mention: How was the patient followed-up after breast cancer therapy? (Annually? And what breast cancer surveillance methods were used before the onset of outfield work and their respective results) ,What was the patients upper arm circumference before the incident?

This observation is correct. We have changed, See lines 24-25 and 31-33 for details.

3. Use axilla instead of armpit.

We have fixed the error.

4.1 During the outfield work, what was the patients body cover? Was the right arm exposed to the sun or both? For clarity of case.

We agree and have updated, See lines 24-25 and 28-29 for details.

5. “Chest wall burning pain starting on the 7th day and came to seek help on the 9th day. When she was admitted on the 9th September 2021, she had erythema and desquamation – Where was the site of erythema and desquamation?

We thank the reviewer for pointing this out. We have revised, See lines 28-29 for details.

6. Please consolidate reference in text at end of sentence (not put in

between unless referring to Author .. eg. [13, 14].

We have fixed the error.

7. DISCUSSION:

We have fixed the error.

8.1 FOCUS or add to discussion: Guidelines on how to screen for lymphedema after breast cancer surgery.

We agree and have updated, See lines 65-66 for details.

8.2 How lymphedema is diagnosed other than size difference.

We supplemented it, See lines 70-72 for details.

8.3 What are the risk factors of developing lymphedema?

We have made the change, See lines 59-61 for details.

8.4 Literature citing relation between extreme temperatures/ infection to developing lymphedema.

We supplemented it, See lines 60-61 for details.

9. What specific instructions relating to your case should be given to patients after breast cancer surgery.

We thank the reviewer for pointing this out. We have revised, See lines 77-84 for details.

10. At present, what are the available therapies (medical and surgical) for lymphedema.

We supplemented it, See lines 85-90 for details.

11. And the long-term consequence of lymphedema? (The reason why screening and monitoring is important; other than QOL, function). - Minor English/ grammar revision needed (eg Patient instead of patients as or when referring to your case).

We supplemented it, See lines 10-12 for details.

We would like to thank the referee again for taking the time to review our manuscript.