

Response to the Reviewers

We thank all the Reviewers for their careful reading of the manuscript and their insightful comments. We have incorporated our responses into the revised manuscript as appropriate. Below please find our point-by-point response to the detailed comments of the Reviewers.

Reviewer #1 (Remarks to the Author):

This article reported an interesting case. An elderly male presented with simultaneous multisystem lesions of the gallbladder, pancreas, arteries, and salivary glands was diagnosed with IgG4-related disease. I have some suggestions for the authors.

We thank Reviewer #1 for the positive assessment of our manuscript. We have taken all comments into careful consideration and have modified the manuscript accordingly.

[Comment 1-1]: Only the pathological results of the right mandible mass was mentioned in the article. It would be nice to have other histopathological examinations. It is recommended to add immunohistochemical staining of IgG4+ cells.

Response 1-1: We appreciate the comments from Reviewer #1 that adding immunohistochemical staining of IgG4+ cells can improve our manuscript. Unfortunately, we didn't do the immunohistochemical staining examinations. This is because that according to the comprehensive diagnostic criteria published in 2012 [1], IgG4-RD patients must have (1) a compatible clinical presentation (swelling or masses in single/multiple organs); (2) serum IgG4 concentration > 1.35 g/L; and (3) histopathological evidence of marked lymphocytic and plasmocytic infiltration (IgG4-plasma cells/high-power field >10 with IgG4/IgG-positive cell ratio > 40%). For our case, firstly, the patient's multiple organs were involved and swollen significantly, including the pancreas, gallbladder, and submandibular gland. Secondly, his serum IgG4 increased to 12.6 g/L (greater than 1.35 g/L). Moreover, the pathological

results of the previous operation on the submandibular gland suggested that there were many lymphocyte infiltrations accompanied by the fibrous tissue hyperplasia. Above all, our case meets a criterion of the comprehensive diagnostic criteria, so we made a diagnosis of IgG4-RD. Furthermore, all of the patient's symptoms disappeared after the treatments, which further confirms our diagnosis. Therefore, we didn't perform the extra immunohistochemical staining examination.

Obviously, Reviewer's recommendation is extremely meaningful and significant for the diagnosis of IgG4-RD diseases. We will perform the immunohistochemical staining, when we are dealing with such patients next time.

[Comment 1-2]: The lung and kidney are common sites of involvement in IgG4-related diseases. Regardless of whether the patient has lung and kidney lesions, the relevant examination reports should be available.

Response 1-2: We are very grateful to Reviewer #1 for pointing out this issue. For our case, the CT examinations of the lung and kidneys were performed as shown in the figure 1R. Figure 1R(A) shows the CT result of the lung, we can clearly see that there are no obvious abnormalities in the lung. Besides, the patient has no cough, expectoration, dyspnea, hemoptysis and other lung symptoms. Furthermore, the CT scan shows that there are no obvious abnormalities in both kidneys as presented in the figure 1R(b). Finally, the repeated routine urine tests and renal function tests were all normal. Consequently, we diagnosed the IgG4-related disease didn't involve the lung and kidneys. In order to improve our manuscript, the relevant descriptions have been added to the revised main text.

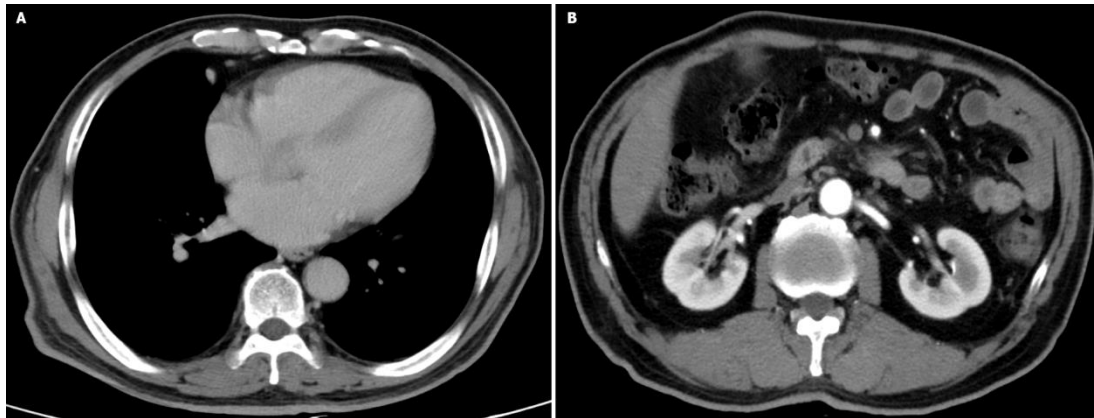


Figure 1R The CT images of the lung and kidneys. A: The CT result of the lung indicates that there are no obvious abnormalities in the lung; B: The CT scan shows that there are no obvious abnormalities in both kidneys.

Science editor (Remarks to the Author):

1 Scientific quality: The manuscript describes a case report of the multiple systems of IgG4-related disease are involved. The topic is within the scope of the WJCC. (1) Classification: Grade C; (2) Summary of the Peer-Review Report: This article reported an interesting case. An elderly male presented with simultaneous multisystem lesions of the gallbladder, pancreas, arteries, and salivary glands was diagnosed with IgG4-related disease. The questions raised by the reviewers should be answered; (3) Format: There are 3 figures; (4) References: A total of 22 references are cited, including 12 references published in the last 3 years; (5) Self-cited references: There is no self-cited reference; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2 Language evaluation: Classification: Grade B. 3 Academic norms and rules:

The authors provided the written informed consent. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The study was supported by the Beijing Natural Science Foundation, the Special Fund for Clinical Medicine Development of Beijing Hospital Management Center, etc. The topic has not previously been published in the WJCC.

5 Issues raised:

- (1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

Response: We thank Reviewer for pointing out this issue. The funding agency copy of approval documents have been uploaded. Additionally, we apologize for our mistake of the funding information, which has been corrected in the revised manuscript.

- (2) The authors did not provide original pictures. 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;

Response: We appreciate the reviewer for drawing our attention to this neglected point. The original figure documents (an editable PowerPoint file) have been uploaded.

- (3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

Response: We are very grateful to Reviewer for pointing out this deficiency. PMID and DOI numbers have been added to the revised manuscript.

6 Re-Review: Not required.

7 Recommendation: Conditional acceptance.

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 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 decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Before final acceptance, the author(s) must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

Response: We are very grateful to Reviewer for the positive assessments of our manuscript. We have revised the manuscript very carefully according to the reviewer's suggestions. At first, the uniform presentations for figures have been revised in the manuscript. Besides, the original figure documents (an editable PowerPoint file) have been uploaded. Finally, according to the Reviewer's suggestion, our revised manuscript has been polished by the professional English language editing company via the suggested website mentioned by the Reviewer, while the English Language Certificate have been uploaded.

Reference

1. Umehara H, Okazaki K, Masaki Y, Kawano M, Yamamoto M, Saeki T, Matsui S, Yoshino T, Nakamura S, Kawa S *et al*: **Comprehensive diagnostic criteria for IgG4-related disease (IgG4-RD), 2011**. *Mod Rheumatol* 2012, **22**(1):21-30. doi: 10.1007/s10165-011-0571-z. PMID: 22218969