

## **Response to Reviewers**

### **Editor**

Comment:

1. We are pleased to inform you that, after preview by the Editorial Office and peer review as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO.: 83175, Case Report) basically meet the publishing requirements of the *World Journal of Clinical Cases*. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision.

Upon our receipt of your revised manuscript, we will send it for re-review. We will then make a final decision on whether to accept the manuscript or not, based upon the reviewers' comments, the quality of the revised manuscript, and the relevant documents.

**RESPONSE:** We would like to thank the editor for evaluating our manuscript and for the positive comment. Please note that we have revised our manuscript in accordance with the reviewers' suggestions. We hope that the revised manuscript is now suitable for publication.

## Reviewer 1

Comment:

1. The case report presented in this study suggests that bone marrow aspirate concentrate (BMAC) injection containing bone marrow mesenchymal stem cells could be a radical therapy for post-herpetic neuralgia (PHN), a difficult-to-treat complication of herpes zoster. This finding could be valuable for clinicians as PHN is a common and debilitating condition that is often resistant to conventional pain-relief drugs. BMAC injection may provide an alternative treatment option for patients who have not responded to other therapies. Furthermore, the fact that BMAC has been found to be useful in the treatment of PHN suggests that it may also be effective for other pain-related conditions beyond joint pain, where it has already been used. However, further research is needed to confirm the efficacy and safety of BMAC injection for PHN and other pain-related conditions. Overall, this study highlights a potential novel therapy that clinicians can consider for patients with PHN who have not responded to other treatments.

**RESPONSE:** The authors would like to thank the reviewer for their constructive critique to improve the manuscript. We have made every effort to address the issues raised and to respond to all comments. The revisions are indicated in blue font in the revised manuscript. Please, find next a detailed, point-by-point response to the reviewer's comments. We hope that our revisions will meet the reviewer's expectations.

2. I would suggest to restructure the manuscript as follows: Writing Sequence Part 1 — Working Title, WHAT happened: Timeline and Narrative Develop a descriptive and succinct working title that describes the phenomenon of greatest interest (symptom, diagnostic test, diagnosis, intervention, outcome).I would suggest to restructure the manuscript as follows: Writing Sequence Part 1 — Working Title, WHAT happened: Timeline and Narrative Develop a descriptive and succinct working title that describes the phenomenon of greatest interest (symptom, diagnostic test, diagnosis, intervention, outcome).WHAT happened. Gather the clinical information associated with patient visits in this this case report to create a timeline as a figure or table. The timeline is a chronological summary of the visits that make up the episodes of care from this case report. Narrative of the episode of care (including tables and figures as needed).

**RESPONSE:** In accordance with the reviewer's insightful suggestion, we have added a timetable of previous treatments in the CASE PRESENTATION section.

3. The presenting concerns (chief complaints) and relevant demographic information. Clinical findings: describe the relevant past medical history, pertinent co-morbidities, and important physical examination (PE) findings. Diagnostic assessments: discuss diagnostic testing and results, a differential diagnosis, and the diagnosis. Therapeutic interventions: describe the types of intervention (pharmacologic, surgical, preventive, lifestyle) and how the interventions were administered (dosage, strength, duration, and frequency).

**RESPONSE:** In accordance with the reviewer's insightful suggestion, we have discussed the differential diagnoses in detail.

4. Tables or figures may be useful. Follow-up and outcomes: describe the clinical course of the episode of care during follow-up visits including (1) intervention modification, interruption, or discontinuation; (2) intervention adherence and how this was assessed; and (3) adverse effects or unanticipated events. Regular patient report outcome measurement surveys such as PROMIS® may be helpful

**RESPONSE:** We would like to thank the reviewer for the suggestion. We have added the number of times the patient touched her left upper body as it was the most significant factor affecting her quality of life.

5. Part 2 — WHY it might have happened: Introduction, Discussion, Conclusion The introduction should briefly summarize why this case report is important and cite the most recent CARE article (Riley DS, Barber MS, Kienle GS, Aronson JK, et al. CARE guidelines for case reports: explanation and elaboration document. J Clin Epi 2017 Sep;89:218-235. doi: 10.1016/j.clinepi.2017.04.026). WHY it might have happened. The discussion describes case management, including strengths and limitations with scientific references. The conclusion, usually one paragraph, offers the most important findings from the case without references.

Part 3 — Abstract, Keywords, References, Acknowledgements, and Informed Consent Abstract. Briefly summarize in a structured or unstructured format the relevant information without citations. Do this after writing the case report. Information should include: (1) Background, (2) Key points from the case; and (3) Main lessons to be learned from this case report. Keywords. Provide 2 to 5 keywords that will identify important topics covered by this case report. The patient should share their perspective on the treatment(s) they received in one to two paragraphs. It is often best to ask for informed consent and the patient's perspective before you begin writing your case report. Appendices (If indicated). There is a complex interplay between inflammation and the bone marrow microenvironment, specifically how chronic inflammation can lead to aberrant hematopoiesis and potentially promote the development of myeloid malignancies. It underscores the importance of understanding the mechanisms by which inflammation affects the bone marrow niche and hematopoietic stem cells, as well as the downstream effects on differentiation patterns and cellular function. This knowledge can be valuable for clinicians in identifying potential therapeutic targets to address hematopoietic dysfunction associated with chronic inflammation and myeloid malignancies.; the case report highlights the potential therapeutic value of bone marrow mesenchymal stem cells found in BMAC for treating pain syndromes like PHN. Mesenchymal stem cells have been shown to have anti-inflammatory properties, and their use in regenerative medicine has been explored in various inflammatory and degenerative conditions. It's possible that the chronic inflammation process discussed in the first passage could play a role in PHN, given that inflammation and nerve damage are involved in the pathogenesis of the condition. However, the case report does not delve into this aspect and focuses on the successful use of BMAC for treating PHN. Overall, the two passages may offer different perspectives on the role of inflammation and stem cells in bone marrow and pain syndromes, respectively. Please refer to 10.20517/2394-4722.2021.166 and expand the introduction/discussion part.

**RESPONSE:** We would like to thank the reviewer for the insightful suggestion, which enabled us to think of a wider range for the application of the results of this study and helped us find new insights. In accordance with the reviewer's suggestion, we have expanded the Abstract and Discussion.

We would like to thank the reviewer for giving us the opportunity to strengthen our manuscript with your valuable comments and queries. We have worked hard to incorporate your feedback and hope that these revisions will persuade you to accept our submission.