

I would like to thank you for your high evaluation of my paper. I added it as you pointed out. Kind regards.

There are some problems :

Case 2 patient has IgG4 related disease, which organs or systems are specifically affected by her IgG4 related disease?

Submandibular gland swelling persisted for 2 years, biopsy was revealed fibrosis and marked plasma cells infiltration, and immunostaining for IgG4 was positive.

Case 3 patient was found with gastric DLBCL due to his fever sign. Is the patient's fever sign related to lymphoma? Or is it related to other reasons?

After eradicating for *H. pylori*, fever was no longer observed. It may have been related to lymphoma.

In Table 1, it is shown that the patient has a comorbidity with MGUS, but there is no relevant information in the text description of the article.

A screening test at the admission accidentally detected serum M-protein, and as a result of a detailed examination including bone marrow aspiration, it was found that this patient had monoclonal gammopathy of undetermined significance (IgG- κ).