

November 16, 2018

Dear Editor,

Thank you for the opportunity to revise our paper entitled " Psoriatic fasciitis in a pediatric patient: A case report " for consideration and publication in World Journal of Clinical Cases. We have carefully read the reviewer comments and we did our best to respond all of them accordingly. The itemized list of changes is included at the end of this letter. We are submitting an annotated copy of our revised manuscript. You can see how our manuscript is improved after modifying it according to yours and the reviewer suggestion, and we very much hope we can anticipate a favorable editorial decision. We would like to extend our sincere thanks to you and the reviewer for the efforts and time they spent to improve our manuscript.

Best Regards,

Selcuk Yuksel

#### **POINT BY POINT RESPONSES TO REVIEWER COMMENTS**

- 1) In the introduction the authors mention the classification criteria for the identification of the Juvenile psoriatic arthritis (JPsA) referring to a 2004 paper (Petty RE and the International League of Associations for Rheumatology, J Rheumatol 2004; 31: 390-392). I see, however, in literature, new classification proposals that date back only a year ago (Zisman D et al., Juvenile Psoriatic Arthritis: A Report from the GRAPPA 2017 Annual Meeting.) J Rheumatol Suppl. 2018 Jun; 94: 11-16; Helliwell PS et al. Prologue: 2017 Annual Meeting of the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) J Rheumatol Supplement 2018 Jun; 94: 1-3). The authors should better specify.

**Answer 1:** Thank you for your right comments. We read the literature and added the new classification proposals. You can see it in the discussion section.

- 2) The authors should better specify. In the description of the clinical case the authors claim that "Genetic testing for autoinflammatory diseases revealed no pathology". The authors must specify with particularity what these genetic tests are.

**Answer 2:** Thank you. MEFV, MVK, NLRP3, NLRC4, CASP10, CASP3, PSMB8, SLC29A3, CASP1, TNFRSF1A, PSTPIP1, PYCARD, NOD2, PLCG2, NLRP1, CARD8, NLRP12 genes were tested.

- 3) In the discussion, the authors should introduce the reference for their affirmation: "Dactylitis is a common manifestation in younger children, whereas axial arthritis and enthesitis are more common in older children".

**Answer 3:** Thank you for your right comments. We added the literature 'Stoll ML, Zurakowski D, Nigrovic LE, Nichols DP, Sundel RP, Nigrovic PA. Patients with juvenile psoriatic arthritis comprise two distinct populations. *Arthritis Rheum* 2006;54:3564-3572[PMID:17075862 DOI:10.1002/art.22173]' in the references section.