

March 23, 2019

Ref.: World Journal of Clinical Cases Manuscript NO: 47749 “**Malignant syphilis accompanied with neurosyphilis in a malnutrition patient**”, by Ge et al.

Editor,

This letter refers to the online submission of our revised manuscript based on your decision letter dated June 17, 2019. We would like to thank the editor and reviewers for having kindly offered valuable comments and suggestions for improvement. The manuscript has been extensive revised, and all the reviewers' comments and suggestions have been addressed whenever possible, and have been carefully incorporated into the revised version. The major revisions are highlighted in green. Details of the revisions are specified below.

Reviewers' comments:

1. A definition of malignant syphilis should be provided. What is the absolute differentiating feature from secondary syphilis? Is there any evidence that lesions found in malignant syphilis are of vasculitic origin?

Response:

Thanks for your good suggestions. In the introduction section, we described the definition of malignant syphilis. (see page 4, highlight in green color).

The clinical manifestations of malignant syphilis are different from classical secondary syphilis in that the former is characterized by pleomorphic pustules, nodules, and deep ulcers with thick crusts. In the new version we added the differentiation between secondary syphilis and malignant syphilis. (see page 4, highlight in green color)

In the new version, we added one figure which showed that there is indeed vasculitis in the lesion. (see page 15, highlight in green color)

2. Please indicate in the text that the patient consented both to publication of the Case Report and publication of the images.

Response:

Thank you for reminding us of this, and we have described the patient's consent for both publication of the case report and publication of the images in the revised Conflict of interest section. (see page 2, highlight in green color)

3. It should be noted that serological screening for syphilis is routine in patients with psychiatric or neurological illness. Minor Points 1. Treatment was with penicillin (not penicillium) 2. Gangrenous pyoderms should read Pyoderma gangrenosum 3. The abbreviations TPPA and RPR should be spelled out at first use (page 4). This is done on page 5.

Response:

Thanks for your careful review. In the new version we have correct the spelling (see page 3-4, highlight in green color; see page 4-5, 7, highlight in green color); and we spelled out the

abbreviation TPPA and RPR at first use in the new version. (see page 4, 6, highlight in green color).

4. Antineutrophil antibody should read antineutrophil cytoplasmic antibody (ANCA).

Response:

We have changed “Antineutrophil antibody” to “antineutrophil cytoplasmic antibody” in the new version.

5. Spelling of Jarisch–Herxheimer reaction needs to be corrected.

Response:

We have corrected the spelling. Thanks for your careful review.

To Editor

The format of the manuscript was edited according to journal’s instructions. We also made careful editorial revisions throughout the manuscript, and all major revisions are highlighted in green color.

We would again like to thank the reviewers and editor for your valuable comments. It would be highly appreciated if the revised manuscript is now acceptable for publication in the journal. We are looking forward to hearing further information from you soon.

Sincerely,

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