

Answering Reviewers

Question1: This is an interesting case report and contains observations of interest for hematologists and immunologists. My main criticism of the study is that "special" reconstitution is referred to throughout, while the description is that of an atypical time course for immune reconstitution of different immune cell populations. It is certainly not the description of a "special" type of transplantation procedure or of a novel regimen that yields a better reconstitution pattern.

My Answer:

First of all, thank you for your valuable advice. We did just describe an atypical time course for immune reconstitution of different immune cell populations. The word "Special" is really not suitable for this case report. We replaced "special" with other words. Because this atypical immune cell reconstruction is the first time in our center, we've written it as a case report.

We agree with your opinion and replaced "special" with "atypical" as suggested throughout this manuscript.

Question2: The reason why this patient behaved differently from others using the same strategy for transplantation in the same institution is unclear; it may be related to the rash described in the paper, which could be due to infection. One important point that is not mentioned in the paper is whether the early reconstitution of lymphocyte populations represents solely donor cells, or contains a fraction of recipient lymphocytes which may have helped both in fighting the infection and in promoting an accelerated engraftment of lymphoid cells. This should be discussed by the authors, and the relevant information should be included.

My Answer:

We deeply appreciated your insight for this phenomenon. We did determine STR in peripheral blood of the child on the 14th day after HSCT. The results showed that donor cells accounted for 76.8% of the total, which suggested that host cells did account for a certain proportion at the earliest stage of bone marrow reconstitution. Nevertheless, STR result from the peripheral blood on the 24th day after HSCT showed that 98.6% cells were from donor, which proved nearly all lymphocytes were from donor origin by then. Although rash occurred on this patient early after HSCT, we did not see any indication of detectable infection in clinic, which might benefit partially from the rapid reconstitution of donor lymphocytes and lymphocytes of host origin early after HSCT. We cannot draw a conclusion on the mechanism of this atypical reconstitution for this particular patient so far, this case itself may indicate that increase in lymphocytes (especially T cells) earlier than granulocytes may be a marker of good prognosis in WAS, however. Additional discussion was added in the manuscript as highlighted on page.

Question3: This paper must be thoroughly revised as to English usage and typos. In some specific cases, I have provided suggestions to improve the text, since the use of technical terms was either clumsy or unusual. All of these suggestions are to be found below, as annotations in my copy of their manuscript.

My Answer: We sent this case report to a professional medical editor's company for a comprehensive revision of the language. They made a comprehensive revision of the English grammar and usage of the case report.