Dear editors and reviewers, *World Journal of Clinical Cases*

Thank you very much for your kind consideration and forwarding the reviewers' comments on our manuscript "Hemophagocytic syndrome as a complication of acute pancreatitis: A case report" (Manuscript NO: 53268)". We appreciate your insightful suggestions and believe that these suggestions have improved the quality of our paper. We hope that the revised version of our manuscript meets your requirements for publication.

The following comprises point-by-point replies to the reviewers' specific comments. Thanks again for your great efforts on our manuscript, thank you!

Reviewer #1:

The reviewer's original comment(s)

I have no additional recommendation. It is acceptable for publication.

Reply:

Thank you for your appreciation of this article. Thank you for your time and consideration.

Reviewer #2:

The reviewer's original comment(s)

Interesting case, but some major revisions are necessary in my view. The language should be reviewed, corrected and improved; the "Conclusion" in the abstract is too scarce, superfluous if written in this way. The "Case presentation" is too schematic, it should be more fluid and discursive, without sub-paragraphs. It would be interesting to add some information about the recommended discharge therapy. Have you thought about any genetic or rheumatological tests to prescribe, in suspicion of an autoimmune disease? Has a relationship been hypothesized with an autoimmune form of pancreatitis?

Reply:

Thanks for your valuable advice. Our language was improved by the professional English organization to correct our grammar (Bioscience Editing Solutions). The "Conclusion" in the abstract was indeed too scarce and we revised it in the revised paper by highlight. We also carefully revised "Case presentation" section and added information about discharge therapy according to your suggestion. With regard to genetic or rheumatological tests, we also suspected

concurrent autoimmune diseases because HPS could be reported more commonly in patients with pre-existing systemic lupus erythematosus. However, besides some autoimmune antibodies (anti-ANA1:1000, Anti-SSA, Ro-52-Ab) were positive, no more evidence suggested underlying autoimmune diseases. Unfortunately, we could not do the genetic test because of condition limit. The patients may not be associated with autoimmune pancreatitis. Because IgG4 was normal 0.892 (0.03-2.01g/L) (Table1). Additionally, the pancreas also did not show the typical sausage-like changes from CT scan. Thanks again for your time and insightful suggestion!

Sincerely,

Chaoqun Han