

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "A rare case report of Turner Syndrome with SRY gene and Non-classical Congenital Adrenal Hyperplasia and literature review"(ID:58724).Those comments are all valuable and very helpful revising and improving our paper,as well as the important guiding significance to our researches. We have studied comment carefully and have made correction which we hope meet with approval.Revised portion are marked in red in the paper.The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer#1:

1. Response to offer more details in the introduction of the TS relationship and the CAH;

Response:Mantovani et al reported that the frequencies of both abnormal 17-OHP response to ACTH stimulation test and CYP21 gene mutation carriers were prominently higher in patients with TS than in healthy controls. They speculated that while more than 90% of conceptions with 45X0 karyotype normally resulted in spontaneous abortion, certain endocrine signals originating from embryos with decreased 21-OH activities may lead to relaxation of maternal screening, and so provide survival advantage for heterozygote patients with 21-OH deficiencies. After then, Berlier P et al found that the proportion of 21-hydroxylase deficiency carriers in Turner syndrome patients was up to 21.6%, which was significantly higher than the general Italian population. It can be seen that TS with CAH is not uncommon, and the presence of CAH increases the survival rate of TS patients to a certain extent.At the same time, TS and CAH patients have similar clinical manifestations, so it is very necessary to screen TS patients for CAH ,although the patient present no obvious manifestation of hyperandrogenism.

2. Response to provide the Informed Consent Form (surgical operation or other) that has been signed by the patients in the study.

Response: I have added the Informed Consent Form in Chinese and English, you can see the document in the files named "58724-Signed Informed Consent Form".

3. Response to provide the original figure documents.

Response: I have added the original figure, you can see the documents in the files named "58724-Figures.ppt" and "58724-Tables.docx".

4. Response to re-write the "Case Presentation" section, and add "FINAL DIAGNOSIS", "TREATMENT", and "OUTCOME AND FOLLOW-UP" section to the main text, according to the Guidelines and Requirements for Manuscript Revision.

Response: I have re-written the "Case Presentation" section, and added "FINAL DIAGNOSIS", "TREATMENT", and "OUTCOME AND FOLLOW-UP" section to the main text in red.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. And here we did not list the changes but marked in red in revised paper. We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

Best regards,

Sincerely yours,

Ying Cao

Department of Endocrinology and Metabolism, Nanfang Hospital,
Southern Medical University, 1838 Guangzhou Avenue North, Baiyun
District, Guangzhou 510515, China

E-mail: nfcy123@126.com

Tel: +86-18620123382