

Point-by-point response to related issues

Dear editor-in-chief,

Thank you for your extensive and detailed review! Here, We make a point-by-point response to the issues raised by the peer reviewers as followed.

Best regards,

Ping Xia, Xiao-Yong Zhou

2/23/21

1. You should also mention the basic investigations of your both patients like complete heamogram, liver and kidney profile with electrolyte specially the serum calcium level.

Answer: In fact, we did thorough blood tests as well as the follow-up tests at regular interval for two cases. The liver, kidney profile with electrolyte including serum calcium were always within normal range, but their ratio of neutrophils to lymphocytes (N/L), C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) were increased after the pustulosis rash, and the titers of the blood Interleukin 8 (IL-8) and/or TNF- α were also elevated. We listed these abnormal tests results as the table 2 in the

revised manuscript.

2. You should also elaborate the precipitating factors and pathogenesis of pustular psoriasis.

Answer: The pathogenesis of pustular psoriasis is largely unknown, the genetic background especially IL36RN is believed associated with the development of the pustular psoriasis. The precipitating factors include medications (especially corticosteroid withdrawal), infections, stress and environmental triggers. We sum up these background knowledge in the table 3 in the revised manuscript.

3. I will suggest that you should also make a table of common differentials of pustular psoriasis in discussion.

Answer: The pustular psoriasis include generalized pustular psoriasis, palmoplantar pustular psoriasis and acrodermatitis continua of Hallopeau. Each of them has unique clinical characteristics, so diagnosis of pustular psoriasis relies mainly on clinical features and is usually easy. But we still did routinely skin biopsy and viral/bacterial culture in order to exclude other pustulosis. The most important differential diagnosis is acute exanthematous generalized pustular eruption which has very similar phenotype with the generalized pustular psoriasis but different trigger factors. We listed these differentials as the table 3 in the revised manuscript.

4. Language quality

Answer: Upon the requirements of the journal, we need to provide the English Language Certificate, but we can not open the link recommended by the journal in the mainland of China, so we found another professional English language editing company in China which can help us to edit the language for final acceptance of the journal.

5. approved grant application form(s).

Answer: The approved grant application form will be uploaded when resubmitting revised manuscript.

6. original figures.

Answer: The original figures have been prepared using Powerpoint, and will be provided when resubmitting revised manuscript.

7. Please 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,

Answer: In the revised manuscript, the “Case presentation” section has been re-writed, and the “FINAL DIAGNOSIS”, “TREATMENT”, and “OUTCOME AND FOLLOW-UP” sections have been added to the main text.