

August 6, 2021

Jin-Lei Wang, Company Editor-in-Chief
Editorial Office
World Journal of Clinical Cases
E-mail: j.l.wang@wjgnet.com

RE: Resubmission of our manuscript (#67278, Case Report)

Dear Dr. Wang:

Thank you very much for your email with encouraging news regarding our manuscript. We also thank the reviewers for their positive/constructive comments and suggestions, which truly helped us to improve our manuscript. After incorporating their comments into the revised manuscript, I would like to re-submit it for your consideration for publishing in *World J Clin Cases*. The amendments are highlighted in red in the revised manuscript, and our point-by-point answers to the reviewers' comments are attached below. This revised manuscript has been edited and proofread by *Medjaden Bioscience Limited* (Hong Kong, China).

Thank you again, and I hope that the revision is acceptable. I am looking forward to hearing from you soon.

Sincerely,

Kai Feng, MD
The Special Medical Center
The Strategic Support Force Medical Center of PLA
Beijing 100101, China
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Our responses to the reviewers' comments:

Reviewer #1:

Scientific Quality: Grade C (Good)
We thank the reviewer for the positive remark.

Language Quality: Grade C (A great deal of language polishing).
This revised manuscript has been edited and proofread by an experienced native English-speaking professional science editor with *Medjaden Bioscience Limited* (Hong Kong, China).

Conclusion: Major revision.

We thoroughly revised our manuscript accordingly.

Specific Comments to Authors: To the authors: This is an interesting case report of a child born with KS and a novel frameshift mutation in KDM6. However, the manuscript needs some major revision before being eligible for publication.

We thank the reviewer for the positive remark and also thoroughly revised our manuscript accordingly.

1. Core tip is too long and more or less a copy of the abstract. It should be shortened to be more concise.

We thank the reviewer for the constructive advice and revised it accordingly.

2. The introduction needs a bit of attention. a. In line 80, page 5, you mention KS type 2 – however a type 1 has never been mentioned and how they separate from each other. It is mentioned in the discussion, but should be moved to the introduction. b. It would be nice if the authors briefly described the function of KMT2D and KDM6A in order to better understand the mechanisms of the disease. c. You do not mention anything about prenatal ultrasound as a diagnostic tool for KS. With multi-system manifestations in so many cases, you would think that a prenatal ultrasound in gestational week 20+ would find most of the cases. Then amniotic fluid testing could be done and KS would be diagnosed before delivery, giving the children the most optimal pre- and postnatal care. This is standard in Denmark and many European countries, but I am not familiar with the practice in China. A paragraph regarding this would be advised.

We fully agree and took care of them accordingly. However, as for the prenatal ultrasound as a diagnostic tool for KS, currently, is not available in China for such a use clinically.

3. The case overall a fine presentation, but there is many repetitions, a very confusing description of the examinations and findings within each organ system where everything is mixed together needs a bit of a revision to make it concise and easily read. a. Line 98-99, page 6 – a description of further prenatal sonographic findings as well as the gestational weeks in which the mother was scanned would be nice to add. b. Line 100-102, page 6 – you mention that the mother did not have a fever. When? During the entire pregnancy, before conception or at delivery? Is there any literature supporting that fever is a risk factor for developing KS, since you have mentioned it? Furthermore, you mention that the father did not use tobacco, alcohol or illegal drugs. Again, does this predispose to KS since you mention it? c. Line 107-109, page 6 – you describe that the patient was treated for his anal atresia and spent 3 weeks in the NICU – is there any description regarding the neonatal examination and whether or not a congenital disease was suspected before discharge? d. First line in line 140, page 8 – discussion, should not be in the case presentation e. Line 147-150, page 8 – ethical approval needs to be an independent paragraph.

We fully understand the reviewer's concerns and fixed them all accordingly in the revised manuscript.

4. The discussion is far too long for a case report and overall a bit confusing to read. You mention a lot of studies with all sorts of mutations, as well as many different presentations of the KS syndrome as well as the genetic concerns regarding further conception – and it is a bit too much. I would recommend to shorten it as well as keep your focus on the KMT2D and KDM6A

mutations, their clinical manifestations and how to evaluate the patient with ultrasound in utero to secure the patient the best possible care following delivery.

We fully agree and revised this section accordingly.

4 LANGUAGE QUALITY

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

This revised manuscript has been edited and proofread by an experienced native English-speaking professional science editor with Medjaden Bioscience Limited (Hong Kong, China).

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly. Now we list the abbreviations rules as follows.

(1) Title: Please spell out any abbreviation in the title. Abbreviations are not permitted.

(2) Running title: Please shorten the running title to no more than 6 words. Abbreviations are permitted.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Examples:

Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

(4) Key words: Abbreviations must be defined upon first appearance in the Key words.

(5) Core tip: Abbreviations must be defined upon first appearance in the Core tip. Examples:

Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Examples:

Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Examples: Example 1: Hepatocellular carcinoma (HCC).

Example 2: *Helicobacter pylori* (*H. pylori*)

(8) Figures: Please verify the abbreviations used in figures and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

(9) Tables: Please verify the abbreviations used in tables and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

We fixed them all accordingly in the revised manuscript.

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) *Science editor*: 1 Scientific quality: The manuscript describes a Case Report of a novel Kabuki syndrome Chinese case. The topic is within the scope of the WJCC. (1) Classification: Grade C; (2) Summary of the Peer-Review Report: This is an interesting case report of a child born with KS. There is many repetitions, some points need to be clarified. The questions raised

by the reviewers should be answered; (3) Format: There is 1 tables and 2 figures; (4) References: A total of 39 references are cited, including 11 references published in the last 3 years; (5) Self-cited references: There is no self-cited reference. 2 Language evaluation: Classification: Grade C. A language editing certificate issued by Medjaden was provided. 3 Academic norms and rules: The authors provided the Written informed consent and CARE Checklist (2016). No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCC. 5 Issues raised: The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. 6 Recommendation: Conditional acceptance.

We thank the editor's positive remarks and fixed all of the mentioned issues accordingly.

(2) *Company editor-in-chief*: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. However, the quality of the English language of the manuscript does not meet the requirements of the journal. Before final acceptance, the author(s) must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

We thank the editor's positive remarks and fixed all of the mentioned issues accordingly.