

The authors are grateful for the careful review by those involved in the review process, particularly peer reviewers 01553776, 0028194, and 00041963. We will address each reviewer in turn. All changes made have been highlighted in the revised version of the manuscript that has been submitted.

Dear 01553776:

Thank you for your thorough review of our manuscript. You have many fantastic and meticulous edit suggestions. We have included some lab values that were part of the admissions labs for the patient. Unfortunately, an IL-2r was not drawn at that time.

The reflexive decision to do staining was clarified in the paper, images of appendix and colon specimens were included, and the two specimens were compared in the text.

Details of the cytarabine treatment were clarified (doses/cycles/duration of total treatment/interval). The decision to do cytarabine treatment was reached by expert opinion in meetings conducted between the Hem/Onc service and Langerhans cell histiocytosis experts. Steroids were not part of this plan, although it is true that steroids combined with chemotherapy agents such as methotrexate are common treatments. Given that our manuscript focused more on the presentation and diagnostic aspect of the case and the paucity of research on treatment of adult histiocytosis, we felt it unnecessary and immature to compare treatment methods in this paper.

Abbreviations were spelled out.

The legends of the figures are more descriptive.

Dear 0028194:

We appreciate your kind words and hard work in reviewing the manuscript. It is great to see you thought this a fascinating case, as we certainly do. We hope you will enjoy the revised version even more.

Dear 00041963:

Thank you for pointing out that the clinical description is too long and that we need to do some rearranging of the text. We sharpened the review of systems and cleaned up some extra wordage throughout the first couple paragraphs. Nonetheless, we did not want to abridge our clinical summary to the point to where it would seem that the diagnosis of multifocal Langerhan's cell histiocytosis came easily. The patient was seen by medical providers four different times before the full diagnosis was reached, and we intended to convey this belabored process to the reader. We believe the revised version now indicates the laborious diagnostic process without a significant excess of words.

I moved that portion along with another couple sentences that discuss the final management of the patient to the discussion portion.

I have added pathology slide pictures of the appendix and colon samples.

Thank you all.

Sincerely,

Karimzada, Matthews, French. DeUgarte, Kim