

ANSWERING REVIEWERS

Name of Journal: *World Journal of Radiology*

ESPS Manuscript NO: 23753

Manuscript Type: Case report

Title: Unusual presentation of Erdheim-Chester disease in a child with acute lymphoblastic leukemia

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Point to point reply to reviewer comments

Reviewer	Remarks	Reply
Reviewer 1 (03501898)	<p>It is an excellent, well-written and documented work.</p> <ol style="list-style-type: none">1. It would be interesting to include PET/CT images (MIP and axial thoracic views, for example) in order to clarify the extensive bone involvement and possible lung infiltration, observed only by this test. In this vein, it would be interesting to note the role of 18F-FDG PET/CT in the initial staging, determine the degree of multisystem involvement and assessment of treatment response.2. It may be helpful to refer to: García-Gómez FJ, Acevedo-Báñez I, Martínez-Castillo R, et al. The role of 18FDG, 18FDOPA PET/CT and 99mTc bone scintigraphy imaging in Erdheim-Chester disease. <i>Eur J Radiol.</i> 2015;84(8):1586-92. doi: 10.1016/j.ejrad.2015.04.022	<p>Thank you for the comments</p> <p>This has been added.</p>

<p>Reviewer 2 (02445127)</p>	<p>The review manuscript by Archana George Vallonthaiel et al entitled "Unusual presentation of Erdheim-Chester disease in a child with acute lymphoblastic leukemia" contains some clinically interesting findings as case report. This manuscript needs to be improved for the acceptance to "WJG".</p> <ol style="list-style-type: none"> 1. Page6. "The association of ALL and ECD, similar to our case, has been reported only in a single child; but she had osteolytic lesions in multiple long bones and skull bones without any osteosclerosis [5]." A possible mechanism between ALL and ECD, including the present case, could be described. 2. Summary table for Erdheim-Chester disease is required. 3. Differential diagnosis table for Erdheim-Chester disease is also desirable. 	<p>Thank you for the comments.</p> <ol style="list-style-type: none"> 1. The origin of ECD is thought to be from CD34 (+) myeloid stem cells, which also give rise to various haematolymphoid malignancies. The association between ECD with other histiocytic disorders like Langerhans cell histiocytosis, Rosai-Dorfmann disease and rare cases of haematologic malignancies like Hodgkin lymphoma and acute lymphoblastic lymphoma could be due to the origin from common precursor cells. This has been added to the text 2. Summary table has been added (Table 1) 3. Differential diagnosis table for Erdheim-Chester disease has been added (Table 2)
<p>Reviewer 3 (02836238)</p>	<p>Interesting, well written and documented case report.</p> <ol style="list-style-type: none"> 1. Discussion: too long in my opinion. It is an in deep review on the topic rather than a discussion on the possible relationship between osteolytic lesions in ECD and ALL . This point should be more stressed. 	<p>Thank you for the comments</p> <p>Osteolytic lesions have been seen in less than 10% of ECD. Even though the exact pathogenesis needs to be elucidated, the lytic lesions may be due to localised increase in osteoclastic activity or reduced host bone response to the lesion. This has been added to the text</p>