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| <p>Reviewer<br/>2<br/>(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"> <li>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.</li> <li>2. Summary table for Erdheim-Chester disease is required.</li> <li>3. Differential diagnosis table for Erdheim-Chester disease is also desirable.</li> </ol> | <p>Thank you for the comments.</p> <ol style="list-style-type: none"> <li>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. <b>This has been added to the text</b></li> <li>2. Summary table has been added (Table 1)</li> <li>3. Differential diagnosis table for Erdheim-Chester disease has been added (Table 2)</li> </ol> |
| <p>Reviewer<br/>3<br/>(02836238)</p> | <p>Interesting, well written and documented case report.</p> <ol style="list-style-type: none"> <li>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.</li> </ol>  | <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. <b>This has been added to the text</b></p>  |