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### Review Comments-Reviewer A

- 1) First, the abstract needs some revisions since it is not adequate. In the background, the authors did not clearly indicate how rare Renal RDD is and what the unique clinical contribution of this case is, i.e., for differential diagnosis or treatment? One important question is the limited clinical significance of this case, since it is asymptomatic and there was no treatment provided. In the case presentation, please report the family history, and laboratory findings on kidney functions. Please specify the duration of follow up of this case. The conclusion needs comments for the clinical implications of the findings but the authors are still repeating the findings and the rarity of this case. In addition, there is no summary from the literature review but the title indicates literature review.

**Response.** We have modified our text as advised (see Page 1, background).

Because of the lack of clinical significance, we aimed to find specific findings on imaging (see Page 1, Conclusion).

We added his family history and laboratory findings (see Page 2, line35-36, line55-58).

We added the follow up of this case (see Page 4, line 131-133).

we have modified our text as advised (see Page 4, line134-161, see table 1).

- 2) Second, in the introduction of the main text, the authors need to have comments on the diagnosis and treatment challenges and difficulties in the managing of Renal RDD, and specify the clinical significance of this case, i.e., which knowledge gaps can be filled?

**Response.** See ( Page 4, line 108-114, line 118-119).

- 3) Third, in the case presentation, please have more data on the dietary habits, smoking, family history, follow up duration, and detailed data of the laboratory findings including routine blood, routine urine, tumor marker, and renal function. Fourth, in the discussion, please use a spate part to review and summarize literature and have comments for the needs of further follow up of the case, as well as comments on the prognosis of this case.

**Response.** We added some data (see Page 2, line 55-63).

See ( Page 4, line 134-161).

### Review Comments-Reviewer B

1. CARE checklist:

a. Item 7: There's no such timeline in your paper, please either supplement it as a figure or just fill "N/A" in this Item 7.

Timeline	7	Historical and current information from this episode of care organized as a timeline	Page3/Line2-31	Presentation/Paragraph1
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b. Item 12: We could not find such information in your paper, please fill "N/A".

Patient Perspective	12	The patient should share their perspective in one to two paragraphs on the treatment(s) they received	Page4/Line27-29	Discussion/Paragraph2
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2. Please structure your Main Text as: **Introduction, Case Presentation, Discussion, Conclusion**. Please add "Conclusion" section for your manuscript.

3. We've also helped edit ethical statement in Case Presentation, please also give it a confirmation.

3 murine sarcoma viral oncogene homolog B1 (BRAF) gene in the tumor was also  
4 detected.

5 All procedures performed in this study were in accordance with the ethical standards of  
6 the institutional and/or national research committee(s) and with the Declaration of  
7 Helsinki (as revised in 2013). Written informed consent was obtained from the patient  
8 for publication of this case report and accompanying images. A copy of the written  
9 consent is available for review by the editorial office of this journal

10

11 **#Discussion**

12 RDD is also known as sinus histiocytosis with massive lymphadenopathy, which is a  
13 rare type of non-Langerhans cell histiocytosis. It was first described by Destombes in