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Reviewer A

Abstract:

Please provide more information in the abstract:

To be included into the abstract: Nature of FUMHD. Diagnostic criteria. No clear evidence of optimal treatment due to rarity of disease entity.

Multimodal approach as chosen in your patient. Please provide a statement on the focus in the manuscript, which is the complex care of this complex patient.

Please provide statement on outcome of the patient.

Reply: Thank you very much for your kind suggestion.

And, very happy to see your sincere comments. Besides, we have completely made a additional content in “abstract” part accordingly. Details please you can find it clear and acceptable in “abstract” part. Hope you can find it meaningful and acceptable. Hope you well again.

Changes in the text:”Febrile ulceronecrotic Mucha-Habermann disease (FUMHD) is a rare and severe variant of pityriasis lichenoides et varioliformis acuta, characterized by a rapid onset of painful, necrotic skin lesions and systemic symptoms. The diagnosis of FUMHD is complex, hinging on clinical presentation, histopathological findings, and the exclusion of other severe dermatoses. Key diagnostic criteria include sudden development of ulceronecrotic papules and plaques, fever, and evidence of systemic disease. Due to the rarity of FUMHD, there is no consensus on optimal treatment, reflecting a significant gap in dermatological practice. This report detailed a multimodal approach tailored to our 13-year-old patient, incorporating systemic corticosteroids, immunosuppressive therapy, and intensive supportive care. The strategy was designed to address the acute, aggressive nature of the disease while mitigating potential systemic complications. The report emphasized the intricate, multi-layered care required for managing FUMHD, illustrating the challenges and considerations in treating this complex condition. It underscored the necessity of a personalized, comprehensive care plan that extends beyond medical intervention to include psychological and social support. The outcome for our patient was encouraging, with a marked reduction in cutaneous manifestations and improvement in systemic symptoms.”

Text body:

Line 41 “Report here about implications and actions needed.” Can be deleted.

Line 55 / 227: I would suggest to add a sentence on diagnostic criteria for FUMHD (histology) and lack of clear evidence, i. e. no randomized controlled trials, for different treatment options due to the rarity of FUMHD.

I would also suggest to add a sentence on the correlation between patient age and mortality with apparently higher mortality in older patients.

Maybe you could also quote more recent reviews by Nofal et al. [International Journal of

Dermatology 2016, 55, 729–738] and Blohm et al. [International Journal of Dermatology 2022, 61, 401–409] in addition to reference 18 [Yamada et al, Acta Dermato-Venereologica, 2014, 94(5):603-604].

Reply: Thank you very much for your kind suggestion.

Besides, we deleted the sentence “Report here about implications and actions needed.” in highlights part accordingly. Also we added a sentence “Diagnostic criteria for FUMHD primarily rely on histological examination, revealing characteristic features such as lymphocytic infiltration and epidermal necrosis. The rarity of FUMHD limits evidence from randomized controlled trials, resulting in an unclear consensus on treatment options.” in introduction part.

And we also added a sentence in “3.2 Delirium care” part.

Details please you can find it clear and acceptable. Hope you well again.

Changes in the text:

Conclusions: It was found that prevention and care of skin injuries and complications, as well as protection of patient mentally during the development of the disease, are very important. Therefore, early diagnosis, prompt treatment, close monitoring of infection indicators, and specialized care are essential to improve the prognosis of patients with FUMHD.

Keywords: Febrile Ulceronecrotic Mucha-Habermann disease; Children; Nursing

Case description:

Please repeat the patient age and previous condition at the beginning (line 65), e. g. “a previously healthy 13 yr old boy”.

I would suggest to structure the case presentation into paragraphs 2.1. on “Clinical presentation and clinical course”, 2.2. “Diagnostic tests”, 2.3. “Medical treatment”.

Followed by your paragraph 3 on specific nursing issues (as you provided them in the manuscript).

Please provide a statement on presence or absence of inotropic support and on presence or absence of mechanical or non-invasive ventilation.

Please provide an information on the patient outcome, did the patient survive (?) – duration to discharge from PICU, duration until discharge from hospital.

Recovery of skin function. Relapse?

Line 232: I assume you mean “He actively cooperated with doctors and nurses”.

Reply: Thank you very much for your kind suggestion.

And, very happy to see your sincere comments. Besides, we have completely made a additional content in line 65 accordingly. Also we made a revision about the structure of “2. Case Description”.

Details please you can find it clear and acceptable in “2. Case Description”.

And we added a sentence in the end of “2.1 Clinical presentation and clinical course”

Also we corrected the description about the sentence “He actively cooperated with doctors and nurses”.

Hope you can find it meaningful and acceptable. Hope you well again.

Changes in the text: Diagnostic criteria for FUMHD primarily rely on histological

examination, revealing characteristic features such as lymphocytic infiltration and epidermal necrosis. The rarity of FUMHD limits evidence from randomized controlled trials, resulting in an unclear consensus on treatment options.

Into the discussion I would suggest to include a statement on the analogy to optimal care of patients with burn injuries, e. g. quoting Bittner EA et al. [Anesthesiology. 2015 Feb;122(2):448-64] or quoting Romanowski KS et al. [J Burn Care Res. 2020 Nov 30;41(6):1129-1151].

The description of patient care you provide, is comparable to treatment of patients with burn injuries.

Reply: Thank you very much for your kind suggestion.

And, very happy to see your sincere comments. Besides, we have completely made a additional content in “3.2 Delirium care” accordingly.

Hope you can find it meaningful and acceptable. Hope you well again.

Changes in the text: Our case of Febrile ulceronecrotic Mucha-Habermann disease (FUMHD) provides valuable insights into the disease's clinical variability and response to treatment, thereby enriching the limited literature. By detailing the diagnostic challenges, treatment strategies, and patient outcomes, we contribute to a deeper understanding of FUMHD, offering a reference for future cases and highlighting the necessity for personalized, multimodal care approaches. This case underscores the importance of comprehensive reporting in enhancing the collective knowledge and management strategies for this rare and complex condition.

Reviewer B

Interesting case of FUMHD, primarily descriptive

Generally acceptably written, flows nicely, great details

Good clinical photos

Follows CARE checklist for case reports

Major issues:

Too heavy an emphasis on simply stating the events that unfolded, rather than a discussion regarding FUMHD and how the present case bolsters literature pool.

Missing key details, such as how the diagnosis was established, whether was biopsy-proven, etc.

Outcome not very clear/explicit/emphasized, would add figures/images; similar to SJS/TEN, FUMHD likely has long-term psychologic/psychiatric/physical sequelae.

Reply:

Thank you for your insightful comments and suggestions. We acknowledge the areas for enhancement you've identified and appreciate the opportunity to deepen the discussion and clarity of our manuscript.

Also , we added a discussion paragraph in”3.2.3 Maximize humanistic care” part.

Besides, we have completely made a additional content in the end of “2.2. Diagnostic tests ” part accordingly.

Lastly, we added image(Generalized ulceronecrotic papules and plaques covering the

whole trunk). Details please you can find it clear and acceptable in Figure 2. Hope you can find it meaningful and acceptable. Hope you well again.

Changes in the text:

Writing needs revised, too informal "days ago", "without any apparent cause"

Abundance of questionable content, particularly in wound care (olive oil, removing scabs?) -- is there literature to support these practices?

Reply: Thank you very much for your kind suggestion.

And, very happy to see your sincere comments. Besides, we have completely corrected the sentence "The initial symptoms, which included scattered erythema and papules, began 19 days ago without any apparent cause." in "2.1 Clinical presentation and clinical course" part accordingly.

About the questionable content, particularly in wound care (olive oil, removing scabs?), after careful consideration, due to the limited research currently available in this area, we have omitted this section of content to avoid ambiguity and misunderstanding.

Details please you can find it clear and acceptable.

Hope you can find it meaningful and acceptable. Hope you well again.

Changes in the text:



Figure 2 Febrile ulceronecrotic Mucha-Habermann disease. Generalized ulceronecrotic papules and plaques covering the whole trunk