

## Peer Review File

**Article information:** <https://dx.doi.org/10.21037/jeccm-23-108>

### Reviewer A Comments

We wish to thank the Reviewer for her / his insightful comments. The following is a thorough point-by-point reply to each comment.

1. Thank you for the case study. Please try not to use commercial name of the vaccine.  
Reply to comment 1: We agree with the Reviewer and modified the text accordingly (see page 4, line 93 and page 7, line 160).
2. As far as the topic treatment is concerned, boric acid and steroids are a rare option. Why did you not follow the guidelines, e.g., british guidelines?  
Reply to comment 2: We take Reviewer's comment. However, the patient was treated in one of the Northern Italy Burn Centre using their own internal protocols based on Dermatologist's consultation (see page 5, line 114-115). We could not interfere with the management.
3. For the systemic treatment, can you justify why you used so many different agents?  
Reply to comment 3: As explained in comment 2 and specified in the revised version (see page 5), the treatment was performed in a different hospital and after a Dermatologist's consult (see page 5, line 114-115).

### Reviewer B Comments

We wish to thank the Reviewer for her / his insightful comments. The following is a thorough point-by-point reply to each comment.

1. Line 64 "could be influenced by age (70 years old)" should say above 70 years old  
Reply to comment 1: Correct. We modified the text accordingly (see page 3, line 64).
2. Line 65 mention other factors that influence mortality. (example is concomitant malignancy)  
Reply to comment 2: We agree. Malignancies have been added as a potential risk factor for mortality (see page 3, line 65).
3. Line 70 a major antibiotic associated with SJS is Bactrim.  
Reply to comment 3: Once again we agree with the Reviewer and thank her/him for this comment. Cotrimoxazole has been added to the list of the high-risk antimicrobial agents

involved in SJS (see page 3, line 71).

4. Line 113: SJS is a clinical diagnosis not a pathology diagnosis, I recommend mentioning that after histologically ruling out other bullous disease the SJS diagnosis was made.

Reply to comment 4: OK, done (see page 5, line 112-113).

5. There is no mentioning of mucus membrane involvement in the exam (Oro-laryngeal , ocular and genital).

Reply to comment 5: Although atypical, our patient did not manifest with oro-laryngeal, ocular or genital bulla. Her manifestations involved skin solely. The manuscript has been modified accordingly (see page 4, lines 102-103).

5. Line 160 : Although the author has used the Naranjo scale exclude the Ribociclib as a causative agent , the scale is not very reliable in idiosyncratic drug reactions such as SJS. the scale was designed for use in clinical trials, it has less sensitivity and specificity in assigning causality to cases of drug induced diseases.

Recommend deleting “so we can assume that the vaccine was the most likely cause of the reaction.” And recommend “it is likely that the cause for the SJS in this case is Covid vaccine although Ribociclib can be 100% ruled out”.

Reply to comment 6: Correct. The manuscript has been modified accordingly (see page 7, lines 163-164).