
Peer Review File

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First Round

Reviewer Comments

The paper describe a rare disease, Myelodysplastic syndrome (MDS), starting from an unusual manifestation in a young woman.

The authors also provide a review and the description of the oral manifestations of the disease and how oral physicians are involved in patient management.

In my opinion some revision of the manuscript are needed, as following listed.

1) make sure that acronymous are correctly reported the first time are used (MDS p. 2 line 36, HSCT p.4 line 108, AML p.5 line 139)

Reply : Necessary changes done

Changes in the text: Page 3 line 19; Page 3 Line 23 , Page 6 Line 93

2) p. 2 line 47: please provide the reference of survival rate and the % of the 2,5 years survival rate

Reply: Reference added

Changes in text: Page 3 Line 24

3) Discussion section: In the paper is highlighted how MDS can exhibit itself through oral manifestations. The different oral manifestations are described, however they are non specific signs and symptoms of MDS; we can observe them in several other conditions.

One of the main goal of the paper, in my opinion, should be helping the clinicians in management of these patient before the diagnosis. In the text this goal have not been reached. The oral treatments the patients already diagnosed with MDS should undergo are fully discussed. However,I would recommend to discuss how and when the oral physicians should be consider oral manifestations as MDS suggestive, and which exams should be performed (blood tests, biopsy?) before to send the patient to the haemato-oncologist.

Reply: Role of oral physicians is emphasized in the discussion

Changes in text: Page 7 line 129- 138

4) A conclusion section (according to abstract structure) should be added in the text.

Reply: Conclusion added

Changes in text: Page 6,7, Line 140- 149

5) if possible, I suggest to add the future perspectives research should prosecute to get a a better management of these patients.

Reply : Future prospectives in Field of MDS includes mutational landscape studies

Changes in text: Page 7 , Line 147-149

6) Ethics committee approval has not been reported.

Reply: Ethical stamen added in foot notes.

Changes in text: Page 8, 9 Line 160- 166

7) I suggest updating the bibliographic references. Only 3 out of 11 are post 2018, and the most recent is 2019.

Reply : Due to lack of availability of literature published on oral manifestations on Myelodysplastic syndrome we have included literature prior to 2018

Changes in text: Nil

Second Round

Editorial Comments

1. The title should be slightly modified to: “A unique case report of Myelodysplastic syndrome with Oral Manifestations in middle-aged adult patient”.

Reply: Necessary changes done Page number 1 Line 3; Page number 3 Line 1

2. Abstract

(1) In the Background, please clearly clarify why the case report is unique and what it adds to existing literature.

Reply: This is a unique as MDS was diagnosed in a middle aged female patient without prior exposure to radiation or chemotherapy. Line 8,9

(2) In the Case description, please elaborate on the patient’s demographic details and main history, the main diagnosis, interventions, and outcomes.

Reply: Necessary changes done , Line 11, 12

3. Please add “case report” as a key word in this manuscript.

Reply : Necessary changes done Line 21

4. Introduction

(1) In the Introduction, please reorganize the content to provide a more informative Introduction according to the “Author Instruction” (<https://cdn.amegroups.cn/static/public/2.5-Structure%20of%20Case%20Reports-template-V2022.11.4.docx>). In brief, Introduction should be structured in three parts: a) Background, b) Rationale and knowledge gap, c) Objective.

(2) “Patients with MDS present with a broad spectrum of oral manifestations. These range from spontaneous gingival bleeding to oral ulcerations and opportunistic infections”, as the authors stated, so what’s the unique point of the case report? The authors need to specify the unique point of this manuscript based on comparison with existing evidence/similar cases.

Reply : Usually MDS affects elder age group. This is an unusual presentation in a middle year age female patient.

5. Case Presentation

(1) Please provide the patient’s race and the date of presentation.

Reply: Line 39, 40, 47

(2) “Pancytopenia was confirmed by a hematological investigation (anemia, leukopenia, and thrombocytopenia)”, please provide the data about the laboratory tests.

Reply: Line 225 Table 1

(3) Why did the patient only use 0.2% chlorhexidine mouth wash after diagnosis? Why was treatment not started immediately for myelodysplastic syndrome?

Reply: Patient was not willing for treatment during her first visit,

(4) “Chemotherapy (Tab. Lenalidomide) had commenced at this stage”, please report the recommended dosage, frequency, and duration of treatment.

Reply: Line number 55

6. Similarly, Discussion is structured in five parts: a) Key Findings, b) Strengths and limitations, c) Comparison with similar researches, d) Explanations of findings, e) Implications and actions

Reply: Limitations added. Line 152

7. Conclusion

It’s suggested the background information like “MDS is a clonal disease of...the variability in presentation” was removed from the Conclusion.

Reply : Necessary changes done

8. Highlight Box

Please provide the “Highlight Box”, including key findings, what is known and what is new? what is the implication, and what should change now? More details please see <https://fomm.amegroups.org/pages/view/guidelines-for-authors#content-3-3-1>

Reply: Changes done , 162

Third Round

Editorial Comments

1. Abstract

The abstract is a key section for the writing of a scientific work. Many readers might only have time to read the abstract, so as detailed as possible information should be provided. The current Abstract -Case description still needs a slight revision. For the authors' reference,

“A 34-year-old Asian female patient presented palpitations, generalized weakness, and light weariness for six months on admission our hospital in July 2017. She had no relevant medical, family, or social history. She was found with spontaneous gingival bleeding and gingival hyperplasia. Bone marrow aspiration and Fish Analysis raised the possibility of myelodysplastic syndrome. However, biopsy was deferred due to her low blood counts. Due to not willing for treatment during first visit, she was advised to maintain oral hygiene. Two months later gingival hyperplasia was superimposed by ulcerations and necrosis. Chemotherapy (Tab. Lenalidomide 5 mg OD for 2 months) had commenced at this stage. However, she was lost for follow-up after XX months of chemotherapy (the detailed time of lost for follow-up should be specified).”

The above paragraph is just for reference only, and the authors could feel free to make related revision.

Response :abstract has been revised. More details provided about the case.

Changes done in Page No: 3 Line 71-79

2. Case Presentation

(1) Legends should be provided for Table 1, including the title, the full name of any abbreviation.

Response : Author has added the legend for table 1 .

Changes done in Page no : 11 , Line 292

(2) The reason “Patient was not willing for treatment during her first visit” also needs to be specified in the main text. Otherwise, the readers would also be confused why the patient only used 0.2% chlorhexidine mouth wash after diagnosis.

Response: Authors have mentioned the reason for not starting chemotherapy.

Changes done in Page 4 Line 111- 114

“The patient was advised to start chemotherapy, but she refused treatment. She was educated about the risks and benefits of chemotherapy, as well as the possible consequences of refusing treatment. However, she remained adamant in her decision.”

(3) “Chemotherapy (Tab. Lenalidomide 5 mg OD for 2 months) had commenced at this stage”, “However, patient was lost for follow-up”, when exactly is the patient lost for follow-up? Lost for follow-up after 2 months of chemotherapy?

Response: Patient was lost to follow up after 2 months of chemotherapy.

Changes done in Page 5 , Line 131-132

3. Discussion

What are the strengths of the case report? Please kindly clarify it in the discussion.

Response: Strength is added in the manuscript.

Changes done in Page no: 8 line no : 218-221

4. Highlight Box

“Highlight Box” should be structured with three parts: 1) key findings, 2) what is known and what is new? 3) what is the implication, and what should change now? Here is an example for your reference <https://fomm.amegroups.org/article/view/73290/html>

Response: Necessary changes made.

Changes done in Page 9 , Line 233

5. CARE checklist

Too many places with NA. Please make sure all essential items are filled with lines and paragraphs. Please check: Item 8d: the related content was provided in the case presentation on page 4-5/ Line 58-71 not NA. Item 9b: the related content was provided in the case presentation on page 4/ Line 59-60 not NA.

Response: Necessary changes made.

Fourth Round

Many thanks to the authors' detailed revisions based on our comments. However, there is still one issue that needs to be addressed.

1. Highlight Box

Please keep single point in the “key findings” and “what is the implication, and what should change now” sections. Besides, report about the implications and actions needed in “what is the implication, and what should change now” section. More details please see <https://fomm.amegroups.org/pages/view/guidelines-for-authors#content-3-4-1>