

### Reviewer A

1. The language is very chaotic - for instance you write "covid 19", "COVID 19" and "COVID-19" interchangeably, some sentences are lacking verbs (i.e. 1129-130). It requires a major revision. There are also some grammar mistakes. **Grammar and spelling have been considerably corrected. The corrections appear in bold in the document. We have been careful to use the same name "COVID-19" throughout the document.**
2. You state that this is a unique case - what makes it unique? There are systematic reviews summing up numerous cases of oral ulcers associated with SARS-CoV-2 infection. **The term "unique" has been deleted.**
3. In the conclusions you mention possible link between COVID-19 - again, there are already many cases described. **We totally agree and have changed the sentence from "This case report illustrates the possible link between COVID-19 and mouth ulcers."**
4. There is a repetition of the same information in "Background" and "Discussion": L41-44 and L107-109. **We have removed the redundancy.**
5. The differential diagnosis requires also exclusion of autoimmune bullous diseases triggered by COVID-19, as well as ulcers provoked by drugs. It requires information on exact dates of introduction of applied drugs. This paragraph (L127-130) needs rephrasing. **We have rephrased the paragraph and added the treatment start precision in the "case presentation" section.**
6. It is easier for the reader to follow the case if the dates are omitted, using expressions like "4 days after the admission" etc. **We have changed all the dates by the number of days.**
7. Figure 1 & 2 - were they taken on admission? **Not taken on the day of the patient's pain complaint, i.e. 6 days after admission. We have now specified.**
8. L45-47 are not relevant in terms of the rest of the article. **We have deleted these sentences.**
9. L54 - "alteration in general health" does not deliver any information. Either clarify, or omit this part. **We have deleted this confusing clarification, since 4 lines down we define this alteration in the state of health as follows.**
10. What does it mean that the patient had infection ON June, 21th? 1 day only? Or was he diagnosed then? How long did it last? **It's not clear and I've made it clear: he tested positive for COVID-19 on 15 June and was admitted to the clinic on 21 June.**
11. L58 - "altered general condition" as in point 9. **Cf point 9**
12. L60 - "memory problems" does not sound professional. **We have replaced the term with "memory disorders".**
13. L62 - do you mean total protein? **Yes we have modified it**
14. L62 - what do you mean by "entry" treatment? **It is the treatment he was given when he arrived at the clinic, 6 days after the infection.**
15. L86 - better to write that there was a gradual improvement. **We change it.**
16. L113 - which symptoms? **We have specified.**
17. L115-118 - it is enough to insert one reference no 2. **We have corrected it.**

18. Conclusions should be reconsidered, having in mind previous remarks. **We have rewritten the conclusion.**

19. It would be beneficial to mention the treatment for the oral manifestations applied in cases that were already described in literature. **We have added this information.**

### **Reviewer B**

The article is well written and describes a case of ulcers in oral cavity after SARS-COV-2 infection. It is recognized that the new coronavirus can trigger thrombotic events and, commonly, use the salivary glands as a reservoir. Due to these findings, I invite the authors to discuss the mechanism of ulcer formation and its probable association with pathophysiological events associated with SARS-CoV-2, saturation level and mention in their report whether the patient had received any dose of the vaccine. I suggest including some references. **Thank you for this information. We have discussed these mechanisms with the help of the bibliography.**

a) Cruz Tapia RO, Peraza Labrador AJ, Guimaraes DM, Matos Valdez LH. Oral mucosal lesions in patients with SARS-CoV-2 infection. Report of four cases. Are they a true sign of COVID-19 disease?. *Spec Care Dentist*. 2020;40(6):555-560. doi:10.1111/scd.12520

b) Matuck BF, Dolhnikoff M, Duarte-Neto AN, et al. Salivary glands are a target for SARS-CoV-2: a source for saliva contamination. *J Pathol*. 2021;254(3):239-243. doi:10.1002/path.5679

c) Marques BBF, Guimarães TC, Fischer RG, et al. Morphological alterations in tongue epithelial cells infected by SARS-CoV-2: A case-control study. *Oral Dis*. 2022;28 Suppl 2:2417-2422. doi:10.1111/odi.13988

d) Santana LADM, Costa GAD, Gonçalo RIC, Takeshita WM, Miguita L. Oral and dermatologic lesions observed in mild COVID-19 patients infected after 3rd vaccine dose. *Oral Dis*. 2022;28 Suppl 2:2627-2629. doi:10.1111/odi.14232

### **Reviewer C**

There are numerous case reports with similar images already available in the medical literature. It is not clear to me why this case is unusual or deserves publication. The medical therapy used (specifically sodium bicarbonate mouth wash) needs to be addressed in the discussion. The manuscript is full of grammatical errors and is difficult to read. In the future, please be sure to use gender neutral language (line 142 refers to dental surgeons as males!) and perform an English grammar review before submitting. **We have revised and incorporated gender-neutral terminology as recommended. Diligent attention has been given to correcting grammar and spelling. Regarding the treatment, we opted to include it in the "case presentation" section in alignment with the article models published in your journal. However, we are open to modifying this if you prefer otherwise.**