

Dear Editor

Thank you very much for your constructive comments regarding our manuscript entitled "Clinical presentation of gastric Burkitt lymphoma in an adult patient presenting with paraplegia and acute pancreatitis: A case report and literature review" for your journal. Accordingly, we have revised the manuscript and performed relevant additional corrections. I hope we have adequately answered the queries raised by you and the reviewers.

We are looking forward to hearing you and thank you very much for your help.

Sincerely,

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The responses to the reviewer and editor's comments are as following:

Reviewer #1: The authors report a beautiful case of Burkitt lymphoma with involvement of stomach, pancreas and vertebral column presenting with acute pancreatitis, acute cholecystitis and neurological symptoms secondary to compression of spinal cord. The case is interesting, clinically relevant and well described, consubstantiated with adequate radiological and histological images. The manuscript is well organized and a comprehensive literature

review provides a clear and concise background on similar cases previously reported of a rare systemic disease with gastrointestinal involvement. Just one minor correction: the authors refer the disease as primary gastrointestinal Burkitt lymphoma. However, there are specific criteria for primary gastrointestinal lymphoma referred to as Dawson criteria (please see: Ghimire P, Wu GY, Zhu L. Primary gastrointestinal lymphoma. World J Gastroenterol 2011; 17(6): 697-707) and, apparently as this patient had leukocytosis and multiple enlarged retroperitoneal lymph nodes, the lymphoproliferative process does not fulfil the criteria. Please discuss this point in the section "Discussion" and correct in the section "Final diagnosis".

Response: Thank you for your valuable advice. We have revised the manuscript and discussed "Dawson criteria" in the section "Discussion" (Page10, lines284-292), and the diagnosis has been corrected in the section "Final diagnosis"(Page7, line204-205).

Science editor:

The limitations and shortfalls of this article are missing evaluation of Dawson criteria of this case. The patient has died soon after CHOP treatment. The tumor cells are positive for BCL-6, CD19, CD20, CD22, CD10 and CD79a but negative for CD3, CD5, CD23 and TdT . How is this affect this case presentation ?

Response: Thank you for your valuable advice. we have revised the manuscript and discussed "Dawson criteria" in the section "Discussion" (Page10,line284-292).

Previous studies have reported that Burkitt lymphoma cells are positive for BCL-6, CD19, CD20, CD22, CD10 and CD79a but negative for CD3, CD5, CD23 and TdT. These markers are primarily used for diagnostic purposes and are not associated with clinical manifestations. In our case, the tumor cells were negative for CK and CD3, indicating that the tumor was not derived from the epithelium or T-cells. Additionally, the tumor cells were positive for CD20, CD79a, CD10, and BCL-6, suggesting germinal center-derived B cells.

Combined with the high Ki67 index, the diagnosis of BL can be established. A high Ki67 index (>90%+) indicates that the tumor is more aggressive and progress faster. Hence, The BL involved stomach, pancreas and vertebral column presenting with acute pancreatitis and neurological symptoms secondary to compression of spinal cord in a short time. One week after diagnosis and refusal of chemotherapy, the patient died of upper gastrointestinal hemorrhage.