Author’s response to reviews

Title: Mucous membrane pemphigoid-associated paronychia with onychomadesis.

Authors:

Salim Alkeraye (drsaleem121@hotmail.com)
Sarah Alsukait (salsukait@gmail.com)

Version: 3 Date: 04 Jan 2019

Author’s response to reviews:

Dear Dr. Guangde,

Thank you for your valuable input and comments. As you suggested the discussion was further modified to avoid overlap. The conclusion section is entirely based on the authors' words and experience.

The minor changes done in the discussion section were as follows:

"Autoantibodies binding to the epithelial basement membrane zone (BMZ) have been demonstrated in this subset, targeting bullous antigens 1 and 2, laminin 332 and laminin 311, type VII collagen, alpha 6 beta 4 integrin, and some nonidentified basal membrane zone antigens [5]. Diagnosis of MMP can be done based on clinical features, histopathological study, and immunopathological (direct and indirect immunofluorescence) and immunochemical studies (including ELISA, immunoblotting and immunoprecipitation). Distinction from other subepidermal autoimmune bullous diseases may be difficult, and differentiation depends on clinical presentation with predominant mucosal involvement" was modified into

"Autoantibodies binding to the epithelial basement membrane zone (BMZ) have been demonstrated in MMP, which target bullous antigens 1 and 2, laminin 332 and laminin 311, type VII collagen, alpha 6 beta 4 integrin, and some nonidentified basal membrane zone antigens [5]. Diagnosis of MMP can be done based on clinical features, histopathological study, and immunopathological (direct and indirect immunofluorescence) and immunochemical studies. Distinction from other subepidermal autoimmune bullous diseases depends on clinical presentation with predominant mucosal involvement"

I hope this revised version finds your approval and fulfills your expectations.

Sincerely yours

Salim Alkeraye