**Editor’s Comment:**

**1. Title and Abstract**  
Title: Clear and informative. You may consider removing "in a child" or moving it to the subtitle for a more concise main title.  
Abstract:

* Well-structured and succinct
* Consider specifying “NIH diagnostic criteria” early for clarity when introducing NF1 diagnosis.
* A brief mention of the rarity (e.g., "fewer than a dozen cases reported") would reinforce the case’s uniqueness.

**2. Introduction**  
Strengths:

* Good contextual background on both GCMN and NF1.
* Adequately sets up the rationale for reporting the case.

Suggestions:

* Avoid repeating information from the abstract too closely.
* The references within parentheses (e.g., “Macneal P, et al., 2025”) should be formatted according to the journal's style—typically superscripted or numbered.

**3. Case Presentation**  
Strengths:

* Comprehensive and clearly described.
* The table summarizing clinical findings is a strong addition.

Suggestions:

* The images (Figure 1–3) should be cited in the order they appear in the narrative for consistency.
* Mentioning the NIH diagnostic criteria explicitly (e.g., “presence of ≥6 café-au-lait spots >5 mm and ≥2 neurofibromas”) would add value.

**4. Discussion**  
Strengths:

* Insightful analysis of shared pathways (RAS/MAPK).
* Integration of recent literature (e.g., 2025 BCL-2 inhibitor study) adds depth.

Suggestions:

* A minor grammatical revision is needed: "Our case enriches the literature by illustrating, the bathing trunk variant..." → remove the comma or rephrase.
* The discussion could benefit from a small paragraph on differential diagnoses considered initially and how they were excluded.

**5. Conclusion**  
Well-articulated, highlighting the importance of surveillance and multidisciplinary management.

* You might explicitly state recommendations for follow-up intervals or imaging where relevant.

**6. References**  
Up-to-date and relevant.

* Ensure consistency in formatting (e.g., italics, journal names, spacing).
* Avoid hyperlinking full URLs in print references unless required by the journal.

**7. Figures**  
Captions are informative and well-written.

* Check image resolution and labeling for publication standards (e.g., scale bar, patient de-identification).
* Ensure figure numbers match their citation sequence in the text.

8. Style and Language  
Generally strong, academic tone is maintained.  
Some minor grammar and punctuation issues (e.g., inconsistent spacing before colons, quotation marks) should be addressed in final proofreading  
“3. discussion” section title should be capitalized to match others.  
  
9. Ethics and Consent  
Properly addressed.  
The inclusion of a disclaimer about AI usage is appropriate given journal trends.  
  
**10. Originality and Significance**  
High relevance to pediatric dermatology and genetic counseling.  
The rarity of the association is well-explained and justified through comparison with other cases.

**Editor’s Details:**

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