

The authors state that PubMed and Google Scholar were searched, but they do not provide the search date, search period, or complete search strings.	Thank you for this valuable suggestion. We agree that additional methodological details improve the transparency and reproducibility of the literature review. Accordingly, we have revised the Materials and Methods section to specify the date on which the literature search was conducted, the period covered by the search, and the complete search strategy, including the databases searched and search terms used.	The search included studies published from database inception to [insert search date] using combinations of the following search terms: ('malakoplakia' OR 'malacoplakia') AND ('immunocompromised' OR 'transplant' OR 'hematologic malignancy' OR 'acute myeloid leukemia' OR 'inflammatory bowel disease' OR 'ulcerative colitis')."
The authors used only “malakoplakia”; however, this disease is also commonly referred to as “malacoplakia” in the literature. Failure to include this spelling variant may have resulted in missed cases. In addition, the search terms were mainly focused on the colon, kidney, liver transplantation, kidney transplantation, AML, and hematologic malignancy. This may introduce selection bias, because the study aims to summarize the overall clinical spectrum of malakoplakia in immunocompromised	Thank you for this important observation. We agree that inclusion of the alternative spelling "malacoplakia" improves the comprehensiveness of the search strategy. Accordingly, we have revised the search methodology to include both spellings and broadened the search terms to capture additional immunocompromised conditions and organ systems. This modification reduces the risk of missing eligible reports and minimizes potential selection bias.	Revise the search terms to include: ("malakoplakia" OR "malacoplakia") rather than only "malakoplakia"

patients, whereas the search strategy itself is not comprehensive.		
inclusion and exclusion criteria are insufficiently described.	Thank you for this helpful suggestion. We agree that the eligibility criteria required further clarification. We have expanded the Methods section to specify that only histopathologically confirmed cases were included, with confirmation based on characteristic pathological findings including Michaelis–Gutmann bodies where reported. Cases diagnosed solely on clinical or radiological findings were excluded. Duplicate reports were identified through comparison of patient demographics, institution, publication details, and clinical characteristics. Because our review focused on immunocompromised hosts, cases without documented immunocompromising conditions were excluded.	Only histopathologically confirmed cases of malakoplakia were included. Cases diagnosed solely on clinical or radiological findings without pathological confirmation were excluded. When reported, the presence of Michaelis–Gutmann bodies was considered confirmatory. Duplicate publications describing the same patient were identified by comparing demographic and clinical characteristics and were excluded added in methods section
English and formatting issues.	Thank you for these careful observations. We have thoroughly revised the manuscript to improve English language, formatting, grammar, and consistency. Specifically, we corrected heading formatting, punctuation, capitalization, typographical errors, and unclear terminology throughout the manuscript.	1. Change 2.2. Results: to 2.2. Results 2. Remove the stray quotation mark: Current:

		"Acute Myeloid Leukemia" Correct: "Acute myeloid leukemia" 3. Remove the extra comma: Current: doxycycline, , and levofloxacin Correct: doxycycline and levofloxacin 4. Replace isolated immunosuppressive drug therapy with the clearer term immunosuppressive therapy or medication-induced immunosuppression
Did the patient die from AML or malakoplakia?	Thank you for this observation. We agree that the original wording could be misinterpreted. We have revised the manuscript to clarify that the patient died from progressive relapsed acute myeloid leukemia and its associated complications rather than from malakoplakia	

The rationale for antibiotic selection should be explained.	Thank you for this valuable suggestion. We agree that additional discussion regarding antimicrobial selection would improve the manuscript. Accordingly, we have expanded the Discussion to explain that antibiotics with good intracellular penetration, particularly fluoroquinolones and trimethoprim-sulfamethoxazole, are generally preferred because they achieve high intracellular concentrations within macrophages, where the causative organisms persist. We also clarify that antimicrobial selection in our cases was individualized according to microbiological findings, patient comorbidities, potential adverse effects, and drug interactions.	Because the pathogenesis of malakoplakia involves defective intracellular bacterial killing by macrophages, antimicrobial agents with good intracellular penetration, particularly fluoroquinolones and trimethoprim-sulfamethoxazole, are generally preferred. Selection of therapy should also consider microbiological culture results, antimicrobial susceptibility, patient comorbidities, drug interactions, and tolerance. In our series, treatment decisions were individualized according to these clinical factors. Added in discussion section
Outcome percentages should not use the total cohort if outcome data were unavailable.	Thank you for this important comment. We agree that using the total cohort as the denominator may underestimate the proportion of patients with favorable outcomes because outcome data were unavailable for many published cases. Accordingly, we have revised the Results section to clearly distinguish between the number of patients with reported outcomes and those without available follow-up data, avoiding interpretation of the reported proportion as an overall response rate.	Instead of "24 patients (46.2%)" write "Clinical outcomes were reported for 25 of the 52 patients. Among those with available follow-up data, malakoplakia resolved or improved in 24 patients, whereas one patient died due to progressive acute myeloid leukemia unrelated to malakoplakia."
