

### **REPLY TO REVIEWER COMMENTS**

<b>REVIEWER CODE</b>	<b>REVIEWER COMMENT</b>	<b>REPLY</b>
<b>04149273</b>	The giant exophytic renal Angiomyolipoma is very rare case. The manuscript is well written and will be useful for clinician and physician and also enrich the current available literature.	We thank you for your kind comments.
<b>03259512</b>	<p>The study describes a rare case of giant exophytic angiomyolipoma (AML). The authors aimed to share their experience in managing this unusual case. The paper is well written and interesting. The report might attract attention of surgeons and other medical clinicians. However, there are several points to address/improve.</p> <ol style="list-style-type: none"><li>1. All abbreviations in the abstract and text should be properly introduced and deciphered.</li><li>2. The patient BMI is not reported. That is very important information and should be included.</li><li>3. Patient medical history should be extended (if possible, at least self-reported information) as it misses the data about previous infections (self-reported kidney/ bladder infections?), and family history (?). Blood analysis seems quite short. Any successful pregnancies? Children? Etc.</li><li>4. Considering reported oophorectomy, the women was in surgical menopause. Did she complained about any relevant menopausal symptoms? Any medication including hormone-replacement therapy?</li></ol>	<ol style="list-style-type: none"><li>1. All abbreviations have been properly introduced and deciphered in the revised manuscript.</li><li>2. The BMI of the patient has been added in the revised manuscript.</li><li>3. Information regarding the past medical or family history has been added in the revised manuscript.</li><li>4. She reported amenorrhea following bilateral salpingo-oophorectomy, and she was not on hormone replacement therapy. This information has been added in the revised manuscript.</li></ol>

	<p>5. Author did not suggest any causes (even hypothetically) of the observed pathology.</p> <p>6. Discussion section is quite limited and would benefit from inclusion of any molecular pathology data (suggested pathway to cause the observed AML?) relevant to the hypothetical causes of the observed pathology.</p>	<p>5. A retrospective evaluation of the patient did not reveal any clinical stigmata of neurofibromatosis.</p> <p>6. Sir, your point is well taken. However, we believe this would lead to a deviation from the message that we wish to convey through this case report.</p>
<b>03086178</b>	<p>Overall good case, but needs some minor corrections:- Being a case; clinical photograph of GROSS SPECIMEN should be provided.- Reference number 7.- In references no need to mention MONTHS- HMB-45 stain</p>	<p>Clinical photograph of the resected specimen has been included in the revised manuscript. References have been revised. HMB 45 staining was not performed.</p>
<b>00183194</b>	<p>In this case report, the author presented a rare benign tumor, angiomyolipoma (AML), which was preoperatively diagnosed as a retroperitoneal liposarcoma based on an image guided core biopsy. The comments list as follows:</p> <ol style="list-style-type: none"> <li>1. As AML is a benign tumor, why are they removed segmental descending colectomy. Is it essential?</li> <li>2. Please provide the date of diagnosis, date of surgery, postoperative complications and the prognosis.</li> <li>3. Please provide the mass tumor image and the</li> </ol>	<ol style="list-style-type: none"> <li>1. Sir, the preoperative diagnosis of the patient was a liposarcoma and accordingly, the surgery was performed to have a margin free resection . As the descending colon was densely adherent to the retroperitoneal mass, we were forced to perform descending colectomy to have oncological safety.</li> <li>2. Sir, this will not be possible to provide exact dates as it would amount to a breach in the patient confidentiality. The postoperative period was uneventful.</li> <li>3. The tumor sectional images are already there in the</li> </ol>

	<p>tumor sectional image.</p> <ol style="list-style-type: none"> <li>4. if possible, abdominal CT after operation is essential.</li> <li>5. From the figure 2, it is not a typically HE staining image of lipoma. So SMA staining is essential.</li> <li>6. There are also some spelling mistakes in the study.</li> </ol>	<p>manuscript. Clinical photograph of the resected specimen has been included in the revised manuscript.</p> <ol style="list-style-type: none"> <li>4. The patient did not undergo any postoperative CT scan as the final diagnosis was a angiomyolipoma which does not warrant postoperative imaging.</li> <li>5. The figure 2 displays the microscopic image of preoperative biopsy which was reported as liposarcoma and not lipoma.</li> <li>6. The revised manuscript has been checked thoroughly by a native speaker.</li> </ol>
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