Dear Editor,

Thank you very much for your letter and advice. We have revised the manuscript, and would like to re-submit it for your consideration. We have addressed the comments raised by the reviewers, and the amendments are highlighted in red in the revised manuscript. Point by point responses to the reviewers' comments are listed below this letter.

Reviewer 02823577

1,The distinction between "PAMT" and "PF" has been controversial, but WHO designated the term PF in 2010.Why dou you use the term "PAMT"?

Answer: Thanks for the advice. The WHO classification of tumors of the digestive system accepted"plexiform fibromyxoma" as a diagnostic term instead of "PAMT",but many scholars still use the name of "PAMT"even after 2010.The name of the tumor represents its unique histopathological features.Histologically, plexiform fibromyxoma shows multinodular or plexiform growth. The cells in the tumor node are spindle-shaped but few in number and mitotic figures. Rich small vessels and mucous matrix can be found among the tumor cells. In most area, the tumor cells are arranged loosely. Immunohistochemical staining shows that plexiform fibromyxoma cells are positive for SMA.Therefore ,we believe "plexiform fibromyxoma" is an appropriate diagnostic term to cover histogenesis and histology.This point is also made clear in the in the newly revised manuscript.

2,How about the relationship between the tumor and muscle layer?And did you confirm the vasular invasion?

Answer: Immunohistochemical staining indicated did not vascular invasion..Accordingly, we have added this important point in the revised version of the manuscript (Page 5, Lines 5).

Reviewer 03700068

3,Interesting case report about a rare disease of plexiform angiomyxoid myofibroblastic tumor of the small bowel,as PAMT has a benign biological behavior, In the endoscopic examination,why did not the author make biopsy so as to detect the pathological feature of the tumor? Maybe if the pathological examination was made, the patient may benefit from endoscopic resection, the patients may aviod the subsequent surgical resection.

Answer: Thanks for the advice.The patient was repeated hematochezia,syncope and severe anemia.Results of single balloon colonoscopy.A protuberant lesion in the upper segment of the jejunum.So we did not make biopsy,avoid causing gastrointestinal bleeding again. And, At present, our hospital cannot endoscopic resection the jejunumlesion in the upper segment.So the patient underwent resection of the upper jejunal tumor.

Reviewer 03765412

4,Did you find any difference between PAMT and GIST on endoscopic findings afterward?

Answer: Plexiform fibromyxoma(PAMT) and GIST are indistinguishable on the macrosopic level.

5,What was the type of the surgery?

Answer: The patient underwent surgical exploratory laparotomy and resection of the upper jejunal tumor,including local intestinal resection.

Reviewer 03763676

6, This is an interesting case report of plexiform angiomyxoid myofibroblastic tumor of the jejunum, a rare mesenchymal tumor. There are no previous reports of reports of PAMT originating in the jejunum or ileum, Generally speaking, this case report has been valuable to elucidate the course of diagnosis and treament of jejunnal PAMT. Authors use too much words to state each part: epidemilolgy, clinical manifestation, imageological examination, pathology, diagnosis, differential diagnosis and treatment of PAMT, but did not make a distinction between the primary and the secondary part.So the discussion does not accurately discuss the paper's scientific significance.

Answer: Thank you very much for your advice. We have revised the manuscript as your suggested. In addition, the Discussion section has been more concisely written.

We hope that the newly revised manuscript is now acceptable for publication.
With kind regards,

Wei-guang Zhang