

Response to peer-reviewers

Title: F-18 FDG PET/CT image of gastric mucormycosis mimicking advanced gastric cancer: A case report

I thank the reviewers and the editor for the helpful comments about this manuscript. I have made my best effort to address the concerns raised and have amended the manuscript according to the suggestions. I sincerely hope these explanations would be suitable for your considerations on publishing this manuscript in "*World Journal of Clinical Cases*". My point-by-point responses to the comments and corrections are provided as below in blue.

Editor comments:

Comment 1) **Audio core tip:** In order to attract readers to read your full-text article, we request that the author make an audio file describing your final core tip, it is necessary for final acceptance. Please refer to Instruction to authors on our website or attached Format for detailed information. The accepted formats are mp3 or wma.

Answer 1) I have made an audio file describing the final core tip and uploaded this file in the system.

Comment 2) Please provide the decomposable figure of Figures, whose parts are movable and editable. So you can put the original pictures in **PPT** and submit it in the system.

Answer 2) I have put the original pictures in PPT and submit it in the system.

Comment 3) Your manuscript should be prepared with Word-processing Software, using 12 pt Book Antiqua font and 1.5 line spacing with ample margins.

Answer 3) Thank you for your kind comments. I have changed my manuscript using 12 pt Book Antiqua font and 1.5-line spacing with ample margins.

Comment 4) Please revise and perfect your manuscript according to peer-reviewers' comments.

Answer 4) I have revised my manuscript according to peer-reviewers' comments.

Comment 5) Please upload the required files on the system.

Answer 5) I have done all the required files.

Comment 6) You need to provide the grant application form(s) or certificate of funding agency for every grant, or we will delete the part of "**Supported by...**".

Answer 6) I have uploaded certificate of funding agency in the system.

Comment 7) Institutional Review Board Approval Form or Document Please upload the primary version (PDF) of the Institutional Review Board's official approval, prepared in the official language of the authors' country to the system; for example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, *etc.*

Answer 7) I have uploaded the Korean version of Institutional Review Board Approval Form in the system.

Comment 8) I'm sorry that the informed consent you submitted does not meet the requirements. Please upload the primary version (PDF) of the Informed Consent Form (Surgical procedures or other) that has been signed by the patients in the study, prepared in the official language of the authors' country to the system; for example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, *etc.*

Answer 8) Informed consent was obtained from the patient. And I have uploaded the Korean version of the primary version (PDF) of the Informed Consent Form (Surgical procedures or other).

Comment 9) CASE PRESENTATION Under the heading of Case Presentation, the following seven aspects must be presented in this order: 1) Chief complaints; 2) History of present illness; 3) History of

past illness; 4) Personal and family history; 5) Physical examination upon admission; 6) Laboratory examinations—e.g., routine blood tests, routine urine tests and urinary sediment examination, routine fecal tests and occult blood test, blood biochemistry, immune indexes, and infection indexes; and 7) Imaging examinations—e.g., ultrasound, plain abdominal and pelvic CT scan, high-resolution chest CT scan, and head MRI. The patient case presentation should be descriptive, organized chronologically, accurate, salient, and presented in a narrative form.

Answer 9) Thank you for your kind comments. I have changed my manuscript.

Comment 10) Please change the main body of the case report to the following format.

Answer 10) I have changed my manuscript.

Reviewers comments:

Reviewer #1:

Comment 1) What was the cause of gastric mucormycosis in this case? Was the patient immunocompromised or did he receive corticoids or other immunomodulators for some reason?

Answer 1) The patient was not immunocompromised and did not receive corticoids or other immunomodulators. The only possible cause of gastric mucormycosis in this patient was sever chronic alcoholism. Previous study reported that chronic alcoholism can be one of the important predisposing conditions. The related contents are described in the first paragraph of the Introduction section and Personal and family history section.

Comment 2) In figure 1, except for large ulcer, one can huge amount of white liquid, which may lead to gastric fungal infection seen in immunocompromised patients. Did the authors find any more fungal lesions in other parts of upper GI, such as in duodenum or esophagus?

Answer 2) In the upper GI tract including duodenum and esophagus, there were no more fungal lesions.

Comment 3) PET scan is the last more advanced diagnostic tool available. However please give more detailed information regarding personal and family history, haematological and blood chemistry results etc.

Answer 3) Thank you for your kind comments. I have added the following sentences in the Personal and family history section and Laboratory examinations section.

→ *Personal and family history*

The patient had a history of severe alcohol abuse and a 20 pack-year history of smoking. Otherwise, there were no special circumstances in family history.

Laboratory examinations

The laboratory testing showed a normal white blood cell count, blood glucose, creatinine, coagulation profile, and serum electrolytes except low hemoglobin was present with a level of 10.5 g/dL (normal range; 13.5-17.5 g/dL).

Comment 4) What was the indication for PET scan? Was that for staging reasons? It would be advisable to wait first the histopathology and then to proceed to PET scan.

Answer 4) I totally agree with your comment. Clinically, the first impression of this patient based on GI endoscopy and abdominal CT was advanced gastric cancer. In this case, to wait the definite histopathologic result is correct, but if it is cancer, the treatment may be delayed and the cancer may progress. On the first biopsy result, only severe inflammation was seen and the physician thought endoscopic biopsy could not correctly target the malignant lesion. At that time, the possibility of other infectious diseases was not considered. Because the first biopsy result was not a malignancy but is often diagnosed as cancer in the repeated biopsies, the patient also underwent F-18 FDG PET/CT before final diagnosis. Even though, GI endoscopy, abdominal CT, and F-18 FDG PET/CT findings strongly suggested gastric cancer at advanced stage, the final diagnosis was gastric mucormycosis.

Comment 5) No figures after treatment or during sufficient follow-up were shown. Please add.

Answer 5) Thank you for your kind comments. I have added follow-up endoscopic findings (Figure 5) and CT images (Figure 6).

Reviewer #2:

Comment 1) Can the author be more thorough about the follow up (result from gastroscopy, possible CT or FDG PET at follow up?).

Answer 1) Thank you for your kind comments. I have added follow-up endoscopic findings (Figure 5) and CT images (Figure 6).

Comment 2) Why the endoscopist and the pathologist that were involved in the case are not included in the manuscript. I suggest that their comments will be included and possibly be included as co-authors.

Answer 2) The BPG(Baishideng Publishing Group) guidelines for manuscript preparation and submission case report request authorship credit should be given in accordance with the standard proposed by the International Committee of Medical Journal Editors (ICMJE). Specifically, authorship is merited by (1) substantial contributions to conception and design of the study, acquisition of data, or analysis and interpretation of data; (2) drafting the article or making critical revisions related to important intellectual content of the manuscript; and (3) final approval of the version of the article to be published. Authors should meet conditions 1, 2 and 3.

And the ICMJE recommends that authorship be based on the following 4 criteria: Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND Drafting the work or revising it critically for important intellectual content; AND Final approval of the version to be published; AND Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are

appropriately investigated and resolved. Contributors who meet fewer than all 4 of the above criteria for authorship should not be listed as authors.

According to this authorship, the endoscopist and the pathologist are not being listed as authors.

Comment 3) In our institution even in a case report there are used anonymous clinical data, written consent by the patient if the patient is alive is mandatory.

Answer 3) Thank you for your kind comments. Informed consent was obtained from the patient.

I hope the revised manuscript will better meet the requirements of the "*World Journal of Clinical Cases*" for publication. I thank you again for the constructive review and kind comments.

Sincerely yours,

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