

Editors-in-Chief

World Journal of Clinical Cases

30/10/2019

Dear Editors:

Subject: Submission of revised paper "Robotic wedge resection of a rare gastric perivascular epithelioid cell tumor: first case report"

Manuscript NO: 50483

Thank you for your email dated 25/10/2019 enclosing the reviewers' comments. We have carefully reviewed the comments and have revised the manuscript accordingly. Our responses are given in a point-by-point manner below. Changes to the manuscript are shown in underline.

We hope the revised version is now suitable for publication and look forward to hearing from you in due course.

Sincerely.

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Response to Reviewer 1:

Thank you for revising our paper and for your positive feedback.

Response to Reviewer 2:

Thanks for the revision of our manuscript. We went through it and found your corrections very relevant. We also appreciated that you have added specific comments. We have answered each of your points below.

1- what is the role of EUS in the diagnosis and treatment of this case.

In the current case the CT scan showed an advanced tumor extended beyond the submucosal layer. For this reason we decided to not perform EUS, because the results would not, in any event, have influenced the treatment strategy.

2- what about the option of ESD for gastric tumor and robot laparoscopy for removal of targeted lymph nodes.

Since the preoperative staging described a large lesion (approximately 60 mm) and not confined to the submucosal layer, we have not considered ESD as a radical treatment.

3- as regards figures, it is important to mention ,type of figure, magnifications, annotations, arrows that point to specific lesions, type of staining and its color significance.

Thank you for your accurate indications. We have corrected all grammar mistakes and adjusted the figures according to your suggestions.

Response to Reviewer 3:

Thank you for your review of our paper, as you suggested we broadened the conclusion.

Revisions to the updated version of the manuscript:

Title:

- added "a" in the title

Abstract:

- background: corrected "mesenchymal" instead of "mesenchimal"
- case summary: corrected "55 year old man"

Core tip:

- Sentence changed as follows: PEComa should be included in the differential diagnosis of gastric tumors with unclear pathology

Introduction:

- corrected "mesenchymal" instead of "mesenchimal"

Case presentation:

- the case presentation paragraph has been changed according to the format suggested by the Editor

Treatment:

- corrected "Technique" instead of "technique"
- corrected "Trendelenburg" instead of "Trendelemburg"

Discussion:

- corrected "the diagnostic" instead of "diagnostic"
- corrected "very" instead of "a very"
- corrected "Literature" instead of "literature"
- corrected "histology" instead of "hystology"
- specified the diagnostic role of CD117 and DOG-1
- corrected "The immunohistochemical" instead of "immunohistochemical"
- corrected "a diffuse expression" instead of "diffuse expression"
- corrected "essential" instead of "an essential"
- corrected "cannot" instead of "can't"
- corrected "additionally" instead of "additionaly"
- corrected "according" instead of "according"
- corrected "were reported" instead of "was reported"
- corrected "the upper body of the stomach which was" instead of "the upper body who was"
- corrected "had followed" instead of "had follow"
- corrected "with unfavourable prognostic factors" instead of "with negative prognostic factors"
- corrected "an R0 surgical resection" instead of "a R0 surgical resection"
- corrected "mesenchymal" instead of "mesenchimal"
- corrected "disease-free" instead of "disease free"
- corrected "have a goal" instead of "has a goal"
- corrected "no-touch" instead of "no touch"
- corrected "the effectiveness" instead of "effectiveness"

Conclusions:

- corrected “an acceptable” instead of “acceptable”
- The conclusions paragraph was broadened according to the suggestions of reviewer n° 3

Figures, tables, captions and references:

Figures, tables and captions and references have been modified according to the reviewers' comments.