

To,

Professors Ghosh & Tarnawski

Editors-in-chief of the World Journal of Gastrointestinal Surgery

Dear Editors,

We wish to re-submit this paper entitled "" to be considered for publication in The World Journal of Gastrointestinal Surgery in the category of Case reports .

Thank you, your associate editor(s) and reviewers very much for their valuable suggestions. We have incorporated all changes/ suggestions to the manuscript according to the reviewers' comments. Incorporating those suggestions has enhanced our manuscript significantly. We thank the reviewers for their positive input.

Again, this is an interesting case of a intragastric nodule mimicking a gastrointestinal stromal tumour. Final pathology revealed intragastric splenosis, which is an extraordinary finding, which should always be considered in the differential diagnosis in particular clinical scenario.

This is an invited manuscript (No. 03887212) and title was accepted on 17th Mar 2020.

We hope reviewers and your team find our article interesting and novel meriting publication.

We hope that our response to their comments / criticisms is satisfactory.

In anticipation,

Yours Sincerely,

Leonardo Solaini

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: the title need to be more informative about the diagnosis , for example (gastric splenosis mimicking GIST) there are duplicated phrases in the introduction part (highlighted) in the case summery part you mentioned the mass location was in the fundus by CT scan , the attached image dose not clearly demonstrate its position whether it is the fundus or gastric cardia , it will be nice if you can add a coronal CT view of the lesion. operation carried out microscopically , if possible describe the procedure briefly and attach some laparoscopic photos. by the end , this is an interesting and rare case which deserve to be published

Authors' reply: Thank you. The title was changed as suggested, duplicated phrases were corrected and a coronal CT view was added. Unfortunately enough we could not retrieve pictures from the procedures.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Intra-gastric ectopic splenic tissue usually considered to be a rare phenomenon but its real prevalence is difficult to define. The possibility of ectopic splenic tissue should also be considered for recurrent abdominal masses after previous splenic trauma. Although biopsy was performed two times in this manuscript, no abnormality was found. Ectopic spleen is often confirmed by postoperative pathology. There are many literatures about gastrointestinal ectopic spleen. What's the difference between this study and the previous literature? So it's better to increase the content of the discussion.

Authors' reply: There are only a few reports dealing with splenosis in literature. This is particularly true for gastric splenosis, which was misdiagnosed as a Gastric GIST by other authors. Differential diagnosis and possible clinical presentations are discussed. In all cases reported in literature, the mass was resected.

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The manuscript "An intragastric nodule mimicking a gastrointestinal stromal tumor: a case report" present a case of an intramural gastric nodule mimicking a gastric gastrointestinal stromal tumor (GIST), which should be valuable for diagnose of intramural gastric nodule. 1, The first diagnosis was gastric GIST, and the patient received FNA. I suggest the authors show the FNA pathology with the detection on GIST makers, if possible, such as CD117, CD34 and DOG1. Did the authors performed in situ hybridization for EBV-encoded small RNA on the FNA sample (ref. Luo XZ. Epstein-Barr virus negative primary hepatic leiomyoma: Case report and literature review. World J Gastroenterol 2013.) ? 2, I suggest the authors introduce more information in Discussion on splenosis found in other kind of organs (such as Hepatic splenosis: Rare yet important - A case report and literature review. Luo X, J Int Med Res 2019) .

Authors' reply: Gastric GIST was only suspected as FNA was inconclusive. We added the suggested citations

Reviewer #4:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Rejection

Specific Comments to Authors: 1.Although the incidence of splenosis is rare, there have been related cases reported. The author needs to do a systematic literature review. (1.Gastric fundus splenosis with

hemangioma masquerading as a gastrointestinal stromal tumor in a patient with schistosomiasis and cirrhosis who underwent splenectomy. 2.Splenosis in Gastric Fundus Mimicking Gastrointestinal Stromal Tumor: A Report of Two Cases and Review of the LiteratureInt J Clin Exp Pathol 2015 Jun 1;8(6):6566-70.)
2.Provide more images, such as surgical photos.

Authors' reply: The suggested articles were cited in the text and discussion was improved. A figure of a coronal CT scan image was added. Unfortunately enough we could not provide images of the surgical procedure.

Reviewer #5:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: In the manuscript entitled, "An intragastric nodule mimicking a gastrointestinal stromal tumor: a case report", the authors present report of unsuspected splenosis in the gastric wall. This is an interesting case, but there considerable revisions are needed in order to help it reach its full potential. Abstract: -There are some areas in need of English language review. For example, instead of "The masses arising from the wall of the stomach (and also of the bowel) are referred to as "intramural". Their differential diagnosis is challenging. As such, it may occur that an inconclusive fine needle aspiration (FNA) biopsy gives way to unexpected diagnosis at the final pathology." would suggest writing ""Mass lesions located in the wall of the stomach (and also of the bowel) are referred to as "intramural". The differential diagnosis of such lesions can be challenging in some cases. As such, it may occur that an inconclusive fine needle aspiration (FNA) result give way to an unexpected diagnosis upon final surgical pathology." -Would delete "implanted during the previous splenectomy", as this cannot be definitively concluded (for instance may be an embryonic/congenital splenule which hypertrophied post-splenectomy). Same applies to the "Final diagnosis" section. -Would omit the word "biopsy" after FNA; it's either an aspirate (FNA) or a biopsy (FNB). Introduction: -"...GastroIntestinal Stromal Tumors..." should be changed to "...gastrointestinal stromal tumors..." -Would suggest revising/clarifying the sentence, "The differential diagnosis of an intramural gastric nodule can be challenging as only a preoperative biopsy may allow the surgeon to choose the best treatment option." The reason why the differential diagnosis is challenging is not that "only a preoperative biopsy may allow..."; that is the reason why the is important (i.e. separate issues). The differential diagnosis is challenging for various other reasons. Further diagnostic workup: -The authors should comment more on what is meant by: "The result of the FNA biopsy was inconclusive." What needle was used? Was it an acellular specimen? If so, why not re-FNA or FNB? Discussion: -Did the patient's "epigastric pain and dyspepsia" resolve with surgery, and if so, has it since recurred? -It may be useful to comment on metastatic lesions, since not all intramural lesions originally arise from resident precursor cells there (i.e. may not be primary lesions). The authors may want to cite some more literature relevant in this regard, e.g. <https://pubmed.ncbi.nlm.nih.gov/26674003/> and <https://www.sciencedirect.com/science/article/pii/S0140673619304234?via%3Dihub>. In addition, it would be interesting to comment on whether or not there was any component of homomorphism to the primary organ source, e.g. as described here in the context of lesions found in the stomach <https://pubmed.ncbi.nlm.nih.gov/31768359/> . To this end, did the lesion have an endosonographic appearance similar to splenic parenchyma? (please provide more information than simply "hypoechoic nodule") General: -English language editing is needed.

Authors' reply: Thank you. We added the suggested citation and added a further line in Table 1.