

SPECIFIC COMMENTS TO AUTHORS

This is a case report on the endoscopic diagnosis and treatment of an appendiceal mucocele. The article is well written although some misspellings still persist. However, my main comment is about the general approach of the article. Despite the fact that the title places the focus on the endoscopic diagnosis and treatment, in the end the report is more a narrative review on appendiceal mucocele. I would rewrite the case explaining in detail the endoscopic procedure for resection and opening the appendiceal cavity (technique, material, electrosurgical settings, etc.). Therefore, the discussion may be shortened, again focusing in the endoscopic procedure (other cases and techniques reported). Given that endoscopy is not the standard treatment for mucocele, the reason to perform an endoscopic excision should be described as well.

AUTHORS REPLY: Your comment is highly appreciated. Thanks for your strict attitude and meticulous work. We have improved our writing again. It was our negligence to have spelling mistakes in our article. We have seriously corrected these errors in this article. We have rewritten the steps for the operation in the case presentation section to ensure that the endoscopic procedure for resection and opening the appendiceal cavity were described in detail. According to your suggestion, we have shortened the narrative review on appendiceal mucocele in the discussion section to focus on treatment, including other reported cases and techniques. Since surgical resection was the only recommended treatment for appendiceal mucocele, the reason why we chose endoscopic treatment needs to be explained. In our case, luminal dilatation of the mucocele was relatively mild, and the short-axis diameter was approximately 3 cm. In addition, the serum tumor markers were within the reference ranges. Therefore, we considered that the preoperative diagnosis was more likely to be non-neoplastic appendiceal mucocele. For non-neoplastic appendiceal mucocele, colonoscopy could replace traditional surgery to achieve good therapeutic effects by fully flushing the mucus. For neoplastic appendiceal mucocele, surgical resection increases the risk of implantation metastasis caused by mucocele rupture if the intraluminal pressure of the appendix is high. However, colonoscopy can relieve the pressure on the appendicular lumen by flushing the mucus, thus reducing the risk of rupture caused by subsequent surgery. Due to the disadvantages of surgical procedures that have been described

above and the patients' preference for endoscopic minimally invasive treatment, we decided to try to achieve a satisfactory therapeutic effect by endoscopic treatment. We have described it in the discussion section in detail. Finally, we appreciate very much for the editors in editing our manuscript and the reviewer for his valuable suggestions and comments.