

Replies to Reviewer

(1) I have read with interest this case report entitled “A rare case report of pseudomyxoma peritonei originated from intestinal duplication”. I find it interesting because of the two-fold rarity : intestinal duplication in adult and malformation bearing a mucinous adenomatous neoplasm.

The authors’ answer: Thank you very much for your careful review. Intestinal duplication in adult is rare. What’s more, malformation bearing a mucinous adenomatous neoplasm is quite interesting. Hope the interesting case report can be seen through the journal of WJCC.

(2) As the authors stated, there is another publication about intestinal duplication and Pseudomyoma, and there is also a third one (the first one), by Letarte et al (Pseudomyxoma peritonei arising from intestinal duplication, American Surgeon, February 2011).

The authors’ answer: We would like to thank you for your critical evaluation of our manuscript. We are sorry for insufficient literature searching. As you said, there is another publication about intestinal duplication by Letarte et al (Pseudomyxoma peritonei arising from intestinal duplication, American Surgeon, February 2011). We have added this article as the reference 40 and revised the corresponding sentences in the conclusion section.

(3) Nevertheless, the manuscript have, in my opinion, some limitations: Firstly, the authors make the mistake of falling in a typical misconception: taking PMP as histological diagnosis when it is not. PMP is a clinical syndrome. This should be amended because their case do not seem a case of PMP, rather it seems a potential lesion for PMP but without peritoneal implants neither mucinous ascites.

The authors’ answer: Thank you for your advises. We agree with you that PMP is a clinical syndrome instead of a histological diagnosis, but please forgive our negligence for not clearly stated in the manuscript. We have revised the corresponding sentences in the line 1 of the first and fifth paragraph on “Discussion” section.

(4) Also, they used the term ascites in reference to fluid into the cystic lesion (page 11 line 134, and page 23 line 271), when ascites refers to free liquid in the peritoneal cavity.

The authors' answer: Thank you very much for your very meaningful suggestion, which we have accepted. It is true that ascites means free liquid material existing in the peritoneal cavity. Thank you to correct me the use of the "ascites" term. We have replaced it by "materials" throughout the manuscript.

(5) In their case report there is no reference to the presence of mucinous ascites, neither diffuse peritoneal, mesenteric, or epiploic implants of mucinous lesions, which make the clinical presentation consistent with a large mucinous neoplasms of rare origin treated before peritoneal spread. This brings us to the subject of the PCI. They stated "The peritoneal cancer index (PCI) was estimated in this patient for assessment of the extent of PMP. Two weeks after surgical intervention, the aggregative score of 13 abdominopelvic regions reached 10 in surgery and decreased to 0". PCI is a score which is measured intraoperatively, sometimes assessed preop in imaging tools. What was the PCI of this patient? There was any peritoneal lesion apart from the index cystic lesion? It seems there was no carcinomatosis, so no PCI to calculate.

The authors' answer: First of all, thank you very much for your patience in reviewing the manuscript. Your advice is important to our case report. As you said, there are no peritoneal implants neither presence of mucinous ascites, which means the patient was treated before peritoneal spread. The PCI scores are usually assessed during operation. As for the intraoperative PCI evaluation, we checked the details based on the operative recordings. The size of the lesion would be assessed and scored based on the size: 0 = no tumor, 1 = tumor \leq 0.5 cm, 2 = tumor \leq 5.0 cm, and 3 = tumor $>$ 5.0 cm. Those assessment are all conducted in 13 regions. The cystic lesion was located behind the posterior wall of stomach and mesentery of transverse colon, in the front of pancreas, and on the inside of the spleen, which occupied regions of 3, 4 and 0. Accordingly, the score was all 3, thus making a total of 9. In addition, jelly like

ascites was accumulated in uterus-rectum-fossa in region 6, which may result from rupture of the mucinous tumor. It accounts for score 1. The scores for all involved regions were added together to yield a PCI score of 10. the discussion above have added in the “Outcome and follow-up” section. Yet post-operative PCI is confusing. It indicated no residual disease at the end of the surgical phase. So we replaced the sentences “decreased to 0” with “A complete cytoreduction was achieved after surgery” in newly revised manuscript.

(6) Minor considerations: The authors stand for bilateral oophorectomy. In our practice, as in other CRS/HIPEC groups as Elias’s one, is to offer a BSO in patients with colonic origin of carcinomatosis and menopausal. In mucinous low-grade appendiceal neoplasms origin, the performance of BSO is considered when there is macroscopic lesions, mostly in premenopause women, to preserve hormonal state if possible.

The authors’ answer: As for the bilateral salpingo oophorectomy (BSO), we agree with your idea that, the performance of BSO is considered in patients with colonic origin of carcinomatosis and menopausal. Considering the menopause status of this case, the decision of BSO was made finally. Certainly, it is a result of full communication with the patient and her relatives. We admit it is a radical decision. But we still presented it in the early version of manuscript due to the reality of the operation for this case. Now we deleted this part of the operation to avoid confusion in revised article. Hope you can accept this modification.

(7) The author related PMP to MUC2 only. Actually, MUC 2, MUC 5AC, and MUC 5B have been found as the secreted mucins of relevance in PMP.

The authors’ answer: We are grateful to you for your careful consideration of our manuscript, for your time and effort. Thank you for your kind advice. MUC 5AC and MUC 5B are indeed secreted mucins of relevance in PMP. We will study and accumulate more data of MUC 5AC and MUC 5B in the future and further work in this area is awaited. Again, thank you for giving us the opportunity to strengthen our manuscript with your valuable comments and queries. We have worked hard to

incorporate your feedback and hope that these revisions persuade you to accept our submission.