

Responses to Reviewer comments

Manuscript NO.: 63584, Case Report

Primary intratracheal schwannoma misdiagnosed as severe asthma in an adolescent: a case report

Dear Editor,

We would like to sincerely thank all the reviews for their constructive comments and suggestions on our manuscript. We have carefully revised the manuscript accordingly your comments. Hopefully this revision will make our manuscript acceptable for the publication in your journal. The following is the point by point response to the reviewers' comments.

Yours Sincerely,

Huirong Huang,MD,

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Replies to Reviewer # 1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

(1) The scientific question proposed in the manuscript is, should Schwannoma be considered in the differential diagnosis in adolescents with recurrent asthma-like attacks? However, this is not clearly presented in the introduction section, along with the pertinent background, rationale, aim, significant findings, and potential significance of the study. However, this information would be interesting enough to warrant readers' attention.

Response: Thanks for the comment. We have revised the manuscript in detail as suggested in the introduction and in another relevant sections.

(2) The methods and techniques that are adopted in the manuscript is:

immunohistochemistry However, these methods are not clearly presented.

Besides, the manuscript does not provide adequate details about the methods to allow a reader to repeat the research.

Response: Thanks for the comment. We have added the method of immunohistochemistry in the further diagnostic work-up (Immunohistochemistry (IHC) was performed on a VENTANA BenchMARK Ultra automated staining instrument. IHC revealed s-100 (++) (Figure 4B)).

Replies to Reviewer # 2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Major comments:

(1) Several case reports about primary intratracheal schwannoma have been published, including cases in children. Authors also mentioned in the main text that "half of the patients are reported to be misdiagnosed with asthma before the diagnosis is finally confirmed". Therefore, how to understand the rarity of this case and what kind of novel lessons readers can get from this case?

Response: Thanks for the comment. We accept all the constructive comments. We acknowledged that this case report is not the first report of primary intratracheal schwannoma in children, however, we devoted ourselves to this case report from the perspective of how to avoid misdiagnosis of primary intratracheal schwannoma in children. We analyzed in detail the reasons for misdiagnosis, and then pointed out the characteristics of primary intratracheal schwannoma in children, based on the symptom, physical signs and examination in the discussion section of the article. The presenting case report emphasizes the

fact that not all wheezes are asthma, especially in adolescents. It is critical to bear in mind that if a patient does not respond to appropriate anti-asthma therapy, localized obstructions should be ruled out before establishing the diagnosis of asthma. According to your comment, we have deleted the word "rare" from the title, so as to be more rigorous.

(2) It is believed that a primary intratracheal schwannoma could be easily misdiagnosed. Thus, if more early information such as chest X-ray and allergen test can be provided, it will be more meaningful to readers.

Response: Thanks for the comment. We have revised the manuscript as suggested and added chest X-ray image. Unfortunately, allergen test was not performed at the local hospital.

(3) It's good to hear that the patient had no early or late complications or tumor recurrence during the 18-month postoperative follow-up. Are there imaging examinations such as chest CT and bronchoscopy to support this conclusion?

Response: Thanks for the comment. We have revised the manuscript as suggested and added bronchoscopy images reexamined 18 months after treatment. The patient's symptoms of dyspnea had resolved. She did not agree to reexamine chest CT.

Minor comments:

(1) In "Laboratory examinations": 1) please annotate the abbreviation "GR"; 2) are there any other examinations with abnormalities like blood biochemical and tumor markers?

Response: Thanks for the comment. We have revised the manuscript as suggested and added the examinations with abnormalities like tumor markers in the Laboratory examinations section.

(2) There' s a typing error in the following sentence: "In the early stages, the tumor tissue is small and grows slowly, often presenting as an irritating dry cough, which can persists for months or even years" . The word "persists" should be "persist" .

Response: Thanks for the comment. We have revised the manuscript as suggested.

(3) It would be better if authors could provide scale bars for the immunohistochemical staining images in Figure 3.

Response: Thanks for the comment. We have revised the manuscript as suggested.

LANGUAGE QUALITY

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

Response: Thanks for the comment. We have asked the native English speaker to edit the manuscript as suggested.

Science editor: 1 Scientific quality: The manuscript describes a case report of the primary intratracheal schwannoma misdiagnosed as severe asthma in an adolescent. The topic is within the scope of the WJCC. (1) Classification: Two Grades C; (2) Summary of the Peer-Review Report: The authors summarized the clinical, pathological and imaging features of primary intratracheal schwannoma (PIS), differential diagnosis of PIS and asthma, recommendations of examinations and treatments in detail, which may benefit pulmonary physicians a lot. The questions raised by the reviewers should be answered; (3) Format: There are 4 figures; (4) References: A total of 19 references are cited, including 1 reference published in the last 3 years; (5) Self-cited references: There is no self-cited reference; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves).

If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2 Language evaluation: Classification: Two Grades B. A language editing certificate issued by MedE was provided. 3 Academic norms and rules: The authors provided the written informed consent. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The study was supported by Gansu Provincial Science and Technology Program. The topic has not previously been published in the WJCC. 5 Issues raised: (1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s); (2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. 6 Recommendation: Conditional acceptance.

Response: We have provided the approved grant application form(s) or funding agency copy of any approval document(s). We have provided the figures as required.

Thank you very much for your affirmation!