

Reviewer #1:

Manuscript NO: 68815

Authors demonstrated “Rectal mature teratoma: A case report and review of the literature” as a case report. This is a well written manuscript and provides the important information for the reader of *World Journal of Gastroenterology*; however, I would like to suggest some revisions to authors before publication.

Major

- 1) This manuscript contains personal information, such as operation date and patient name. Private information shouldn't be described.

Answer: Revised

- 2) Authors should describe similar cases and review presented case in discussion part.

Answer: Jared Murdock ^[25] reported that an anorectal cystic teratoma transabdominal approach is necessary, which can be done laparoscopically safely and successfully, even for a large lesion.

Liming Wang ^[26] reported that generally not recommended to use preoperative biopsy of retrorectal tumors because of the risk of infection or tumor seeding in the pelvis. As such, a definitive diagnosis is best to obtain by following complete resection of the tumor. Resection of retrorectal teratoma is generally regarded as appropriate because of the malignant potential.

Aikepaer Aiken ^[27] reported that the diagnosis can be made with endoscopy alone by the presence of hair over the mass.

Kyung Han Nam ^[28] reported that the mass was removed by polypectomy because of patient's lesion was a pedunculate polyp measuring approximately 4cm located approximately 15cm from the anal, endoscopic resection was performed to make a diagnosis. Endoscopic resection is indicated for a pedunculate polyp that measures <4 cm. If the diagnosis is unclear or malignancy cannot be excluded, surgical resection is preferable^[29].

Minor

- 1) Some spelling mistakes, such as “isN”, “t4eratogenic”, and “aesthetic” are found. (P3 L2, P7 L28, P7 L29)
- 2) Figure legend of Fig.4 D isn't found.

Answer: 1) Revised 2) written error, Revised

Reviewer #2:

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Scientific Quality: Grade D (Fair)

Language Quality: Grade A (Priority publishing) Conclusion: Major revision

Specific Comments to Authors: It is an exciting report of the rare case report of mature rectal teratoma. However, there are some concerns in this article. Electronic Colonoscopy is to be Colonoscopy enough to explain. The authors state, “Currently, it is difficult to diagnose mature rectal teratoma using a CT scan. However, complete removal of the tumor using surgery can prevent its recurrence.” in the Core tips. However, they did not explain these in the discussion. How is it difficult to diagnosed with CT? Did they compare the case with endoscopic resection with surgical resection? If possible, please add the table to compare the other similar cases explained in the discussion.

Answer: 1) CT scan is sensitive to calcification and fat, common and quick, combined with enhanced scan can evaluate the soft tissue composition well, but lacks specificity for differentiating between tumor types. While MRI has a higher resolution of fat, soft tissue, which helps to determine the retrorectal tumors and their relationships of surrounding structures and cystic degeneration, but shows poorly for calcification [18-19]. To some extent, MRI is more accurate than CT to estimate the possible complications such as torsion, rupture, and malignant transformation.

2) Kyung Han Nam ^[28] reported that the mass was removed by polypectomy because of patient's lesion was a pedunculate polyp measuring approximately 4cm located approximately 15cm from the anal, endoscopic resection was performed to make a diagnosis. Endoscopic resection is indicated for a pedunculate polyp that measures <4 cm. If the diagnosis is unclear or malignancy cannot be excluded, surgical resection is preferable^[29]. The summaries of reported cases of rectal mature teratoma are shown in Table 1.

Table 1. Reported cases of rectal mature teratoma

Ref.	Year	Age/Sex	Symptoms	Previous history	Method	Final Diagnosis
Jared Murdock <i>et al</i> ^[25]	2010	26/ Female	right-sided pelvic pain radiating down her lower extremities	transanal drainage of a presumed presacral abscess	laparoscopic abdomino-paracoccygeal resection	Anorectal Cystic Teratoma
Liming Wang <i>et al</i> ^[26]	2019	44/ Female	submucosal rectal mass	Not described	laparoscopic tumor resection	mature retrorectal teratoma
Aikepaer Aiken <i>et al</i> ^[27]	2020	47/ Female	bleeding from the rectum for 10 days	Not described	partial resection of the rectum	Rectum mature teratoma
Kyung Han Nam <i>et al</i> ^[28]	2021	68/Female	hematochezia	Not described	polypectomy	Primary mature teratoma of the rectum
Our case	2021	29/ Female	perianal mass that emerged after defecation	Not described	laparoscopic	Rectal mature teratoma