

Re: Resubmission of Ms. Manuscript NO.: 68827, Case Report

09-13, 2021

World Journal of Clinical Cases.  
Editor-in-Chief  
Jin-Lei Wang

Dear Dr. Wang,

Please find attached a revised version of our manuscript "Inguinal endometriosis: Report of ten cases and literature review "

We would like to thank you and the reviewers for your insightful comments, which have greatly helped us to improve the quality of our manuscript."

Our revisions to the text are highlighted in yellow and the deletions are shown as strikethrough font in the tracked changes. Our point-by-point responses to the reviewers' comments are shown below:

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Response:** The revised manuscript has been carefully edited by a native English speaker to improve the grammar and readability.

**Conclusion:** Accept (General priority)

**Response:** Thank you very much.

**Specific Comments to Authors:** Manuscript revision: " Inguinal endometriosis: Report of ten cases and literature review" The article deals with an interesting, although rare, topic, about the management from diagnosis to treatment of inguinal endometriosis. The study design is well structured and a literature review is associated with the report of a small case series. The English is good and the Discussion section is well structured and clearly explains the better management of this rare disease. I appreciated the opportunity to review this very nice paper and I truly think the paper deserves to be published. Accepted

**Response:** Thank you very much.

Reviewer #2:

**Scientific Quality:** Grade C (Good)

Response: Thank you very much.

**Language Quality:** Grade B (Minor language polishing)

Response: The revised manuscript has been carefully edited by a native English speaker to improve the grammar and readability.

**Conclusion:** Major revision

**Specific Comments to Authors:** This is a significant case series reporting a pathology (endometriosis) that is very prevalent in women of reproductive age, but with a very rare presentation (intestinal endometriosis). However, before being published, the text needs to be modified at several points.

First, it is important to add some recent references (PMID: 33983554-b1, 33832157-b2, 33653321-b3, 32963875-22 and 32637884-21).

Response: Thank you very much, we have added 2 paragraphs (pages 13-14) and 2 sentences (page 18), and the above references are cited as follows: reference 45 is PMID: 33983554; reference 30 is 33832157; reference 47 is 33653321, reference 29 is 32963875 and reference 21 is 32637884.

Second, I think that the conclusion is too long in the abstract and the core tip is too short (too succinct).

Response: **Changed** "IEM is an extremely rare disease that can easily be misdiagnosed before surgery. MRI is helpful for preoperative diagnosis. Inguinal hernia (IH) on the right region may be one of the causes for the formation of right-sided IEM and extensive resection involving round ligament and hernia sac is the key to prevent recurrence. Since IEM is often associated with pelvic endometriosis, it is recommended to visit a gynecologist at the same time." **to** "IEM is an extremely rare condition that can easily be misdiagnosed prior to surgery. A right inguinal hernia (IH) may contribute to the formation of right-sided IEM, and extensive resection involving the round ligament and hernia sac is essential to prevent recurrence." on page 3.

Core tip section: **Changed** "An inguinal hernia on the right region may be one of the causes for the formation of right-sided inguinal endometriosis. Extensive resection involving the round ligament and the hernia sac is

essential to prevent recurrence." to "An inguinal hernia on the right side may be one of the causes of the formation of right inguinal endometriosis. It may present clinically as a painful mass, with variations in size that may be associated with menstrual cyclicity. Preoperative imaging using ultrasound and/or MRI may be useful for preoperative diagnosis. Extensive resection involving the round ligament and hernia sac is necessary to prevent recurrence." on page 4.

The authors need to check the keywords, according to the MESH website.

Response: The keywords have been checked by " (<https://meshb.nlm.nih.gov/MeSHonDemand>) ".

Third, the abbreviation should be followed along the text.

Response: Corrected according to the instruction.

In a search throughout the manuscript, it is noted that the terms that were already abbreviated at the beginning of the text are repeated, such as endometriosis (EM), inguinal hernia (IH).

Response: Corrected according to the instruction.

Third, the introduction should emphasize the subject that will be discussed throughout the manuscript.

Response: Changed "Since IEM can coincide with inguinal hernias (IH) and other groin pathology, increasing the difficulty of diagnosis, we retrospectively analyzed ten patients with IEM at our hospital and reviewed the relevant literatures to discuss the clinical characteristics, pathogenesis, diagnosis and management of this rare clinical problem ." to "IEM is extremely rare and its occurrence is usually associated with pelvic EM. It can also be easily misdiagnosed before surgery due to its coexistence with inguinal hernia (IH) and other inguinal lesions, which increases the difficulty of diagnosis. Therefore, it is essential to explore the pathogenesis, clinical features, diagnosis and differential diagnosis of IEM. This article retrospectively analyzed the clinical presentation, diagnosis, and treatment of 10 patients with IEM at our hospital and reviewed the relevant literature findings. " on page 6.

The case presentation is good, no further comments. Note that there is a need for a space (line 102) before the word "Furthermore".

Response: Corrected according to the instruction.

Please double check if, in line 110, the correct is "Ten", instead of "10". I would suggest replacing line 110 for the following sentence: Ten cases of IEM patients were included into the case report, and they were diagnosed through surgery and pathology, of which 4 were nulliparous women.

Response: **Changed** "Ten cases of IEM patients were included into the case report, and they were diagnosed through surgery and pathology, of which 4 were nulliparous women and 6 were parous." **to** "Ten cases of IEM patients were included into the case report, and they were diagnosed through surgery and pathology, of which 4 were nulliparous women." on page 7.

line 118: "There "instead of "there", with "T".

Response: Corrected according to the instruction.

Line 138, please exclude ")".

Response: Corrected according to the instruction.

Line 158, please insert a space after "was performed".

Response: Corrected according to the instruction.

The authors need to better describe whether or not they performed laparoscopy in all cases.

Response: **changed** "Simultaneous laparoscopic exploration of the pelvis was performed in case 9 and her EM lesion in the right sacral ligament was completely removed." **to** "Simultaneous laparoscopic exploration of the pelvis was performed only on case 9 and her EM lesion in the right sacral ligament was completely removed." on pages 8-9.

Line 166-7: the authors commented about the recurrence and the follow up. However they repeated about the recurrence and the follow in line 172. Please, explain why or exclude them.

Response: The sentence of "Follow-up showed that none had recurrence of IEM or IH" has been removed on page 11.

Note thar inguinal hernia (line 172, should be IH).

Response: Corrected according to the instruction.

The major problem of the manuscript is the discussion. The whole first paragraph (from line 178 to 190) should be excluded. This paragraph is meaningless (insignificant).

Response: The whole first paragraph has been removed according to the instruction.

The authors should focus, in the discussion, on the strength of the work, that is, on describing the IEM, which is rare and what should be done when this pathology is suspected. The authors failed in this point.

Response: Two paragraphs have been added “A groin lump or a subcutaneous mass of the inguinal area can be difficult to distinguish from a wide range of entities such as hernia, lymph node enlargement, cancer, endometriosis, Nuck hydrocele, lipomas, and abscess <sup>[22,29]</sup>. Cutaneous endometriosis with a hernia sac can occur in the absence of normal EM symptoms such as dysmenorrhea. The differential diagnosis for inguinal painless nodules might include IEM <sup>[30]</sup>. If endometriosis in the inguinal area is detected, it might be EM inside the IH sac or endometriosis of the Nuck canal (NC), round ligament, and subcutaneous tissue <sup>[21]</sup>. The most frequent manifestation of IEM is a painful lump with cyclical discomfort and growth <sup>[31]</sup>. Preoperative imaging using US and/or MRI may be useful in this regard, despite the fact that surgical exploration and histology may clearly establish the genesis and ultimate diagnosis of the disease <sup>[32]</sup>. Additionally, the features of discomfort, such as frequency, duration, relationship with menstruation, and location, should be extensively questioned. Likewise, appropriate preoperative imaging is important. The use of ultrasound in the examination of the pathology of the IEM has been widely used <sup>[33,34]</sup>.”

“A CT, MRI, or even a Positron emission tomography-CT (PET-CT scan was used to augment the US findings in some situations. High-resolution ultrasound is a low-cost and dependable technique for establishing the suspicion of IEM diagnosis <sup>[35]</sup>. Nonetheless, the final diagnosis is based on the histology and immunohistochemistry.” on pages 11-12.

The main focus of the discussion is in lines 238 and 239: General surgeons tended to focus on the IH and ignore the presence of IEM, leading to

preoperative misdiagnosis. That is the point!!!. And it would be important to explain the surgical approach in those cases (including the laparoscopy).

Response: One paragraphs have been added “When the general surgeon performs IH and finds significant thickening of the hernia sac wall, adhesions, bloody fluid inside the sac, or significant thickening of the extraperitoneal round ligament and purple-blue lesions on the cut surface, the possibility of IEM should be considered, and the gynecologist should be asked to consult on the stage, remove the hernia sac and perform complete excision of the IEM lesions at the same time, as well as evaluate the presence of pelvic endometriosis and, if necessary, perform laparoscopic exploration at the same time, especially in patients with infertility.” on page 15.

Line 236-37 - please check if the author's name is missing.

Response: Corrected according to the instruction.

I do recommend excluding lines 274-277.

Response: The sentence of “Cancer antigen 125 (CA-125) levels are elevated in EM patients, but it lacks diagnostic specificity as a serum biomarker [37].” has been removed on page 18.

Finally, the references should be revised. Reference 4 is incomplete. References 14, 15, 22, 25 and 16 the authors repeated the year of study publication. Some of the references are without DOI or PMID (31, 32, 41, 42,43). Why include reference 28 (too old - please explain).

Response: Corrected according to the instruction and there is no DOI or PMID for original reference 31 (now as 37). The original reference 28 has been replaced by “Fujikawa H, Uehara Y. Inguinal Endometriosis: An Unusual Cause of Groin Pain. Balkan Med J 2020;37(5):291-292. [PMID: 32212577 DOI: 10.4274/balkanmedj.galenos.2020.2020.2.105]”

The legend of table 1 needs correction. In addition, they don't need to mention in the table "parous", because they mention the percentage of nulliparous.

Response: Corrected according to the instruction.

#### **4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH**

Response: The manuscript has been carefully revised by a native English speaker to improve the grammar and readability, so we hope it now matches the journal standard.

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

**Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.**

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

## 5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/ definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

Response: Thanks.

The basic rules on abbreviations are provided here:

**(1) Title:** Abbreviations are not permitted. Please spell out any abbreviation in the title.

**(2) Running title:** Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

**(3) Abstract:** Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

**(4) Key Words:** Abbreviations must be defined upon first appearance in the Key Words.

**(5) Core Tip:** Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

**(6) Main Text:** Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

**(7) Article Highlights:** Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC).

Example 2: *Helicobacter pylori* (*H. pylori*)

**(8) Figures:** Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

**(9) Tables:** Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

Response: Thanks and we have followed all the instructions mentioned above.

## 6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

### **(1) Science editor:**

The study opens up an interesting topic about a rare form of an actual and very common disease. Authors clearly interpreted the key issues, using the methods correctly. The design of the study is well structured. The discussion is relevant and appropriate. The results are justified and can be obtained with the following methods. The language is good. However, the references need a



significant update since there are too many sources older than 5 years. I recommend to publish this manuscript after a minor revision.

Response: We have updated the references: 29-35, 45 and 47. The original references 28 (published 1962) and 38 (published 2001) have been replaced by new references 27 (published 2020) and 43 (published 2019).

Language Quality: Grade B (Minor language polishing)

Response: The manuscript has been carefully revised by a native English speaker to improve the grammar and readability, so we hope it now matches the journal standard.

Scientific Quality: Grade C (Good)

Response: Thanks.

## ***(2) Company editor-in-chief:***

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before its final acceptance, the author(s) must provide the Signed Informed Consent Form(s) or Document(s) of treatment. For example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, etc. 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.

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### **Step 4: References**

Please revise the references according to the [Format for References Guidelines](#), and be sure to edit the reference using the reference auto-analyser.

**Response: Corrected according to the instruction.**

### **Step 5: Footnotes and Figure Legends**

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## **9 CONFLICT-OF-INTEREST DISCLOSURE FORM**

Please click and download the fillable [ICMJE Form for Disclosure of Potential Conflicts of Interest](#) (PDF), and fill it in. The Corresponding Author is responsible for filling out this form. Once filled out completely, the Conflict-of-Interest Disclosure Form should be uploaded to the file destination of ‘Conflict-of-Interest Disclosure Form’.

We hope that these revisions are sufficient to make our manuscript suitable for publication in the World Journal of Clinical Cases and look forward to hearing from you at your earliest convenience.”

Best regards,  
Shuzhen Wang