

Response to Reviewers

Dear Editor, Dear reviewers,

Thanks very much for taking your time to review this manuscript. I really appreciate all your comments and suggestions. Please find our itemized responses in below.

Sincerely,

Tian-Yang Yu

Reviewer #1

Specific Comments to Authors: The authors of the manuscript "Mucinous cystic neoplasm of the liver: A case report" present a detailed clinical case that, according to them, reinforces the need for surgery to definitively clarify the nature of this type of tumors. This work is a contribution to an atypical neoplastic tumor in the liver that will contribute to new approaches that try to obtain better mechanisms for further diagnosis and treatment. However, some points listed below need clarification

1-Authors mentioned in chief complaints: "An asymptomatic 32-year-old female patient complained of a liver mass 4 months during hospitalization in the Department of Obstetrics and Gynecology" However, is the meaning of the 4 months unclear? 4 months after the interventions? or that the liver mass has had it for 4 months? Please clarify this point better.

Response: We thank the reviewer for pointing this out. We are sorry that chief complaints were not clear in the original manuscript. In fact, the patient occasionally found the liver tumor during hospitalization in the Department of Obstetrics and Gynecology. After 4 months follow-up, the tumor had increased, and we performed resection of the gallbladder and tumor. To avoid confusion, we have described more detailed information in the manuscript.

2-The checklist cannot be clearly analyzed because the references indicated by the author in it are confusing. Please add the manuscript line numbers to clarify the places

indicated by the authors. I have not been able to locate many of the references indicated in the checklist.

Response: Thank you for raising this important issue. We have added the manuscript line numbers and revised the Checklist to make it more convenient to locate relevant information.

3-At some point in the manuscript, the authors must indicate whether or not there is a study on biomarkers that could be determined by biopsy or blood.

Response: Thank you for raising this important issue. We looked at the relevant literature. There is a study on conventional blood biomarkers: serum CA19-9 level. We did not find any study on specific blood biomarkers for MCN-L. Some studies have referred to pathological and immunohistochemical biomarkers of the disease, but no one have covered preoperative biopsies. We thought that the feasibility of preoperative biopsy needs to be further studied. We have added in the discussion section.

Reviewer #2

Specific Comments to Authors: I won't talk about the advantages. Please check the CT and MRI imagings. CT imagings should be amplified and CT values should be measured in your figures. MRI imagings should be given very similar axial views, included T2WI、 T1WI、 DWI and T1WI fs+.

Response: Thank you for raising this important issue. Imaging examination is an important diagnostic method to be amplified. With the help of our colleagues from the Department of Imaging, we have enriched relevant imaging materials. Because the measured images we extracted from the PACS contained Chinese, we used the unmeasured images and separate parts to represent the CT values. We selected MRI images included T2WI、 T1WI、 DWI and T1WI fs+ in similar axial views, and added in the manuscript.

Reviewer #3:

Specific Comments to Authors: Dear Authors, Although radiological images and pathological images were used in the article, I could not see a radiologist or pathologist among the authors. Are there any radiologists or pathologists among the authors? Or did you get permission to use the images? If permission is granted, please inform the journal the names of the physicians and the permission form.

Response: Thanks a lot for your suggestion. We have already discussed relevant issues with our colleagues from the Department of Imaging and Department of Pathology during the writing and revision period. We mentioned them in the acknowledgement section. We have gotten the patient's permission to use her anonymized images.

Some radiological terms need to be used in the same way that they are used routinely to make it easier for the reader to understand. For example, "diffusion restricted" instead of diffusion limited; "Non-contrast-enhanced axial computed tomography" instead of plain axial computed tomography; The terms "Conventional magnetic resonance imaging" should be used instead of plain magnetic resonance imaging.

Response: It is an important reminder for us that we should use standard radiological terms in the manuscript. We have modified the related expressions according to your suggestion.

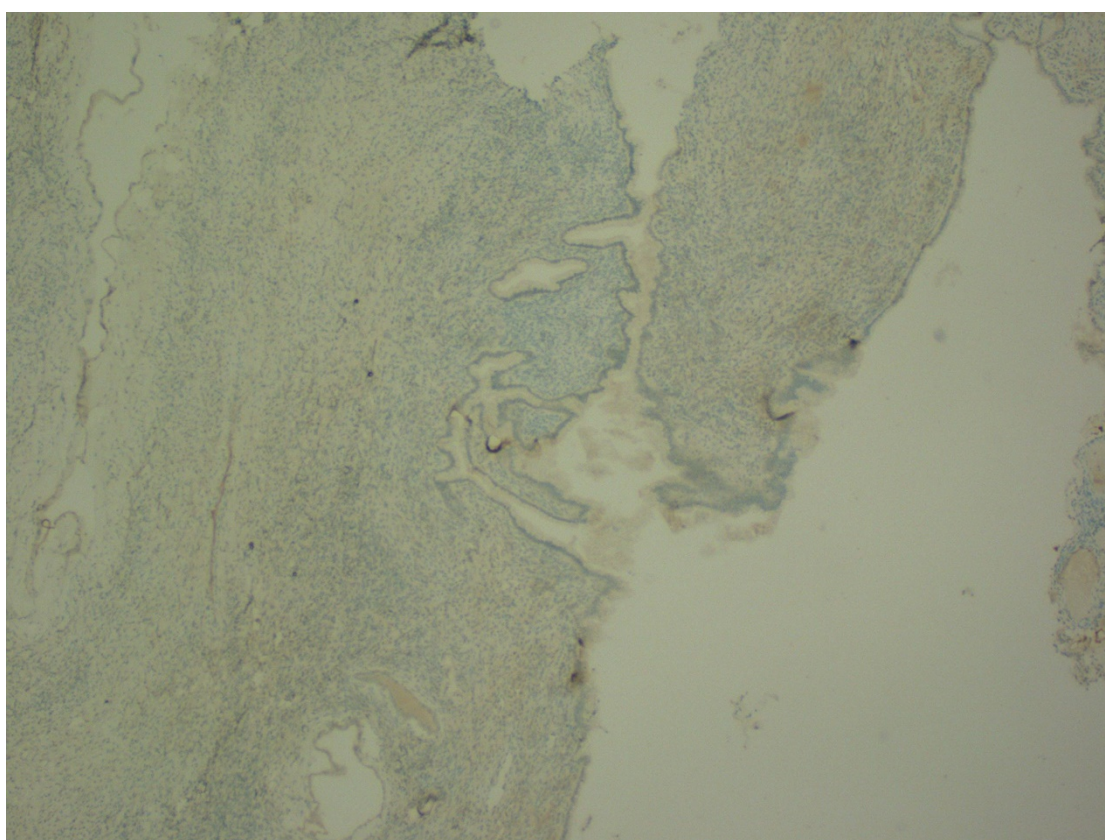
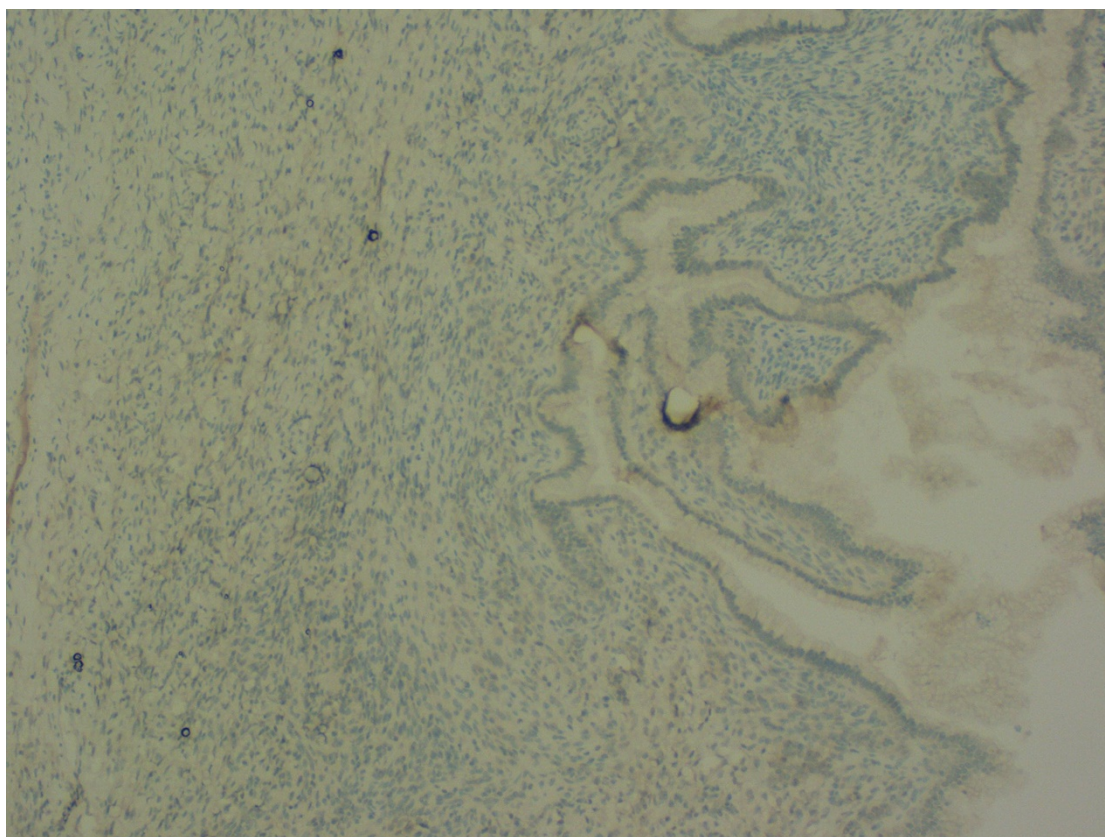
Radiologically, the presence of a contrast-enhancing and diffusion-restricting nodule in the cyst wall is an important finding, and adding the radiological images of this finding to the article will enrich the presentation.

Response: Thank you for pointing this out. We found that although we described the contrast-enhancing and diffusion-restricting nodule in the original manuscript, we had not added relevant images. We have added T1WI fs+, DWI and ADC in the revised manuscript.

Science editor:

I have few suggestions Pathological description of the case is poor Gross image of the case to be added Kindly add a detailed description Also kindly perform IHC For ER in and add the image

Response: Thanks a lot for your suggestion. We revised the content about pathology in the manuscript. Because we did not save the gross pathological image of the specimen after incision surgery, we were able to add only one gross specimen image. The patient did not choose to perform immunohistochemistry during hospitalization period, thus we performed IHC for ER recently. The result was negative. We found that all relevant studies revealed positive IHC for ER of MCN-L. We were unable to provide a definitive explanation and considered that this result may be relevant to the patient's hysterectomy and oophorectomy. We added in discussion section without adding images. The graphs are as follow:



Company editor-in-chief:

I have reviewed the Peer-Review Report, 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. 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. Please upload the approved grant application form(s) or funding agency copy of any approval document(s). Before its final acceptance, the author(s) must provide the Signed Informed Consent Form(s) or Document(s) of treatment in Chinese.

Response: Thanks a lot for your support and suggestions. We have received peer-reviews and Editorial Office's comments. We prepared a PowerPoint file to provide the original figures. According to your request, all portions of the graphs were movable so that they can be reprocessed by the editor. We uploaded all the required documents.