

Dear **Reviewers** :

Thank you for your letter and for the comments concerning our manuscript entitled “Pediatric case of colonic perivascular epithelioid cell tumor complicated with intussusception and anal incarceration: A case report”. We have carefully evaluated your critical comments and thoughtful suggestions, responded to the suggestions point-by-point, and revised the manuscript accordingly. A highlight revised manuscript (highlights in red) is enclosed to show that we did respond to your comments and suggestions.

We hope that the answers in the file “response to Editor-in-Chief’s report” will enable our manuscript to win your and the reviewer’ satisfaction. We really appreciate your efforts to encourage us to revise this paper.

We are looking forward to hearing further information from you.

Sincerely yours,

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Point-by-point responses to Editor-in-Chief

1. In this study, the authors prepared a literature review on PEComa disease originating from the colorectal region. In my opinion, in order for your article to be published in such a quality journal, it should be stated how this literature review was done in the abstract and methodology section of the article.

Response: Thank you for your valuable suggestion. We have added a literature search method based on your suggestion, and the rephrased part was highlighted as follow:

INTRODUCTION

Furthermore, we review the studies on colorectal PEComa indexed in the PubMed database and accessed with the keywords “Colonic PEComa” and “Rectal PEComa”. A total of 30 cases were retrieved, and we provide a detailed analysis and summarization of these cases [here](#).

DISCUSSION

Paragraph 3:

Cecal PEComa was first reported by Birkhaeuser *et al*^[6] in 2004. Since then, a total of 30 cases (Table 1)^[6-32] of colorectal PEComa have been reported ([as determined upon performance of a detailed PubMed search](#)),

2. There are two dimensions in this study: intussusception and PEComa. Therefore, there should be at least two paragraphs in the introduction of the article.

Response: We are very sorry for our negligence. We have added the content of intussusception in the article, and the specific modifications are as follows:

BACKGROUND

Perivaselioid cell tumor (PEComa) represents a group of rare mesenchymal tumors. PEComa can occur in many organs but is rare in the colorectum, especially in children. Furthermore, PEComa is a rare cause of intussusception, the telescoping of a segment of the gastrointestinal tract into an adjacent one. We describe a rare case of pediatric PEComa complicated with intussusception and anal incarceration, and conduct a review of the current literature.

INTRODUCTION

Colonic perivaselioid cell tumor (PEComa) is rare in clinical practice, especially in children. Intussusception caused by PEComa is even rarer.

DISCUSSION

Paragraph 5:

Ileocolic intussusception is one of the most common abdominal emergencies involving children who are less than 3-years-old^[1]. The pathophysiology underlying the majority of pediatric intussusception cases is thought to be secondary to a transient viral illness^[2]. In adults, 70%-90% of intussusception can be found to have a clear cause, and about 40% are caused by a primary or secondary malignant tumor^[3]. Here, we have reported the first pediatric case of benign PEComa in the transverse colon with intussusception, tumor prolapse, and incarceration outside the anus.

References:

[1] Applegate KE. Intussusception in children: evidence-based diagnosis and treatment. *Pediatr Radiol* 2009; **39**: S140-143 [PMID: 19308373 doi:10.1007/s00247-009-1178-9]

[2] Burnett E, Kabir F, Van Trang N, Rayamajhi A, Satter SM, Liu J, Yousafzai MT, Anh DD, Basnet AT, Flora MS, Houpt E, Qazi SH, Canh TM, Rayamajhi

AK, Saha BK, Saddal NS, Muneer S, Hung PH, Islam T, Ali SA, Tate JE, Yen C, Parashar UD. Infectious Etiologies of Intussusception Among Children <2 Years Old in 4 Asian Countries. *J Infect Dis* 2020; **221**: 1499-1505 [PMID: 31754717 Doi: 10.1093/infdis/jiz621]

[3] Akbulut S. Unusual cause of adult intussusception: diffuse large B-cell non-Hodgkin's lymphoma: a case report and review. *Eur Rev Med Pharmacol Sci* 2012; **16**: 1938-46 [PMID: 23242720]

3. Please classify both your own case and the studies in the Table as benign or malignant.

Response: Thank you for your thoughtful suggestion. We are very sorry not to make this clear. We added this sentence to the text to make it more complete.

DISCUSSION

Paragraph 2:

Considering the pathological results of this case, we considered the tumor to be benign; however, due to the patient's young age and large tumor volume, close follow-up is still needed.

4. The figures have not been integrated yet. They should be put together into a figure.

Response: Thank you very much for your suggestion. We have put the figures into a figure. **It can be seen in the attached figures file.**

5. It is unacceptable to have more than 3 references from the same journal. To resolve this issue and move forward in the peer-review/publication process, please revise your reference list accordingly.

Response: Thank you very much for the reminder, we checked the references and there are no more than 3 references from the same journal.

6. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”.

Response: Thank you for your thoughtful suggestion. We adjusted the representation of Figure 3, The specific expression is as follows:

Figure 3 Colonoscopy results. A: The tumor is spherical, with a diameter of about 5 cm, a surface that is congested and eroded, and with formation of local ulcers; B The root of the tumor has a thick pedicle, with rough surface mucosa and covered with leukoplakia; C: Narrow band imaging showed that the glandular ducts had disappeared and the presence of vasodilation.

7. Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is ‘original’, the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022.

Response: Thanks for your honest suggestion. We organize all the graphics into one PowerPoint file and add the following copyright information to the bottom right of the

picture in PowerPoint (PPT): Copyright © The Author(s) 2022. **It can be seen in the attached image file.**

8. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned.

Response: Thank you for your thoughtful suggestion. We have carefully checked the produced table, it satisfies the magazine's requirements for a table. **It can be seen in the attached table file.**