

***“Not all liver tumors are alike: an accidentally discovered primary hepatic leiomyosarcoma”***

(Manuscript NO: 74902, Case Report)

Dear Jin-Lei Wang,

Thank you for giving us the opportunity to submit a revised version of the manuscript.

We found the comments very helpful and we have addressed all points raised (see below).

In the manuscript the revisions are highlighted in red.

We hope that the manuscript is now acceptable for publication.

Looking forward to hearing from you

Yours sincerely,

Isabel Garrido

Patrícia Andrade

João Pacheco

Elisabete Rios

Guilherme Macedo

## **SCIENCE EDITOR:**

**The manuscript elaborated a case of primary hepatic leiomyosarcoma. It seems the case was in a rare situation and therefore, can be considered for further review in this journal, however, there are several concerns to be clarified prior to the further review.**

We thank the Science editor for the comments and interest in the manuscript.

**The author should be clear about all the things expressed by the author through this case and what new things to tell the readers.**

As suggested, we have now clarified the rarity of this case and reinforced the need for clinicians to be alert to this entity (Page 6, Lines 151-160).

**In addition, the table should be a three-line table.**

The table is now a three-line table (Page 10).

**In “CASE PRESENTATION” section, it is suggested that chief complaints, history of present illness, history of past illness, personal and family history, physical examination, laboratory examinations, and imaging examinations should be described under a corresponding subheading according to the journal’s requirements.**

As suggested, we have now described “Case presentation” under a corresponding subheading according to the journal’s requirements (Page 3-4, Lines 73-114).

## **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.**

We thank the Company editor-in-chief for the comments and interest in the manuscript.

**Before its final acceptance, the author(s) must provide the Signed Consent for Treatment Form(s) or Document(s).**

We have now provided the signed consent for treatment document.

**Please provide the original figure documents.**

We have now provided 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.**

As suggested, we have now prepared and arranged the figures using PowerPoint.

**REVIEWER #1:**

**This case report of a case incidentally detected liver SOL with rare unusual pathology does not add to literature on the subject.**

We thank the Reviewer for the comments.

**Preoperative contrast MRI could have provided more information on the nature of SOL, did authors try to consider it as metastatic before contemplating resection.**

Although preoperative magnetic resonance imaging with contrast could provide more information about the nature of the lesion, it was decided in a multidisciplinary group meeting to proceed with surgery.

**What was the type of surgical resection; anatomical or non anatomical.**

We have now added the type of surgical resection performed (Page 4, Lines 100-102).

**REVIEWER #2:**

**1.First group of questions: What are the original findings of this manuscript? This is a case report study which presents a primary hepatic leiomyosarcoma (PHL) case, an extremely rare disease, treated by surgical resection. What are the new hypotheses that this study proposed? The author didn't propose any hypothesis in this abstract. However, the result of treatment which shows in the abstract can be suggestive of the hypothesis that surgical resection is an effective treatment method for PHL. What are the new phenomena that were found through experiments in this study? There is no standard treatment due to the rarity of this disease as well as its diversity of histological types. Good result obtained from surgical treatment of PHL in this abstract suggests that liver resection with tumor-free resection margin could be an effective treatment for PHL and help improve patients' survival. What are the hypotheses that were confirmed through experiments in this study? There is no hypothesis confirmed in this study. 2. Second group of questions: What are the quality and importance of this manuscript? This is a case report study, so the level of scientific evidence is weak. However, the article is still significant because of the rarity of PHL as well as the lack of data on the effectiveness of different treatment methods for this disease, including liver resection. What are the new findings of this study? The result shows that liver resection with free-tumor resection margin confirmed by histopathology and immunohistochemistry could be an effective treatment method for PHL. What are the new concepts that this study proposes? What are the new methods that this study proposed?**

The abstract proposes no new concepts or methods in the diagnosis of PHL. In term of treatment, the author emphasizes the role of tumor-free resection margin in improving patient's survival time. Do the conclusions appropriately summarize the data that this study provided? Yes, the conclusions appropriately summarize the data this study provided. What are the unique insights that this study presented? This study shows that liver resection with tumor-free margin could be an effective treatment for PHL. What are the key problems in this field that this study has solved? This study contributes more data to the literature on the effectiveness of HPL treatment by liver resection. 3. Third group of questions: What are the limitations of the study and its findings? This is a case report study, so the level of scientific evidence is weak. Although the result of no sign of tumor recurrence over 2 years is promising, the abstract has several other limitations, such as: +Lack of description of resection technique used in this case. + Lack of information of the tests performed to confirm the lesion is primary. + Lack of information of the histopathological types. What are the future directions of the topic described in this manuscript? Liver resection with tumor-free resection margin could be an effective treatment for PHL and more research towards this direction is needed. What are the questions/issues that remain to be solved? This study cannot evaluate whether surgery is better or worse than other treatments. It also has not determined which patient group will benefit the most from surgical treatment. What are the questions that this study prompts for the authors to do next? Collect cases to make case series report. Collect cases in literature to make systematic review. How might this publication impact basic science and/or clinical practice? This study contributes more data to the literature on the effectiveness of HPL treatment by liver resection.

We thank the Reviewer for the comments and interest in the manuscript. We have now described the type of surgical resection performed (Page 4, Lines 100-102). In addition, we added that the chest-abdomen-pelvis computed tomography scan was also performed to confirm that it was a primary lesion (Page 4, Lines 108-110). The presence of spindle cells with nuclei elongated to ovoid, atypia and marked pleomorphism in the histological examination and the diffuse expression of actin and desmin in neoplastic cells, in the absence of S100 expression, allowed the diagnosis of hepatic leiomyosarcoma (Page 4, Lines 104-107).