

Authors' response to reviewers' comments

Reviewer #1:

4. Background. Does the manuscript adequately describe the background, present status and significance of the study? No. It was proved that GIST is neoplastic proliferation of Cajal cells, not smooth muscle. There are many possibilities of intrainestinal solid lesions including foreign bodies. The GIST diagnosis was careless.

Thank you very much for your revision.

We amended the mistake concerning the definition of GIST.

In the Introduction section, we described the appearance of enteric-coating polymers on CT scan, emphasizing that little has been reported in the literature on this topic. We also explained that small-sized intestinal GIST are sharply demarcated lesions that typically show strong homogeneous enhancement on contrast-enhanced CT scan. In this regard, we added a new reference (reference #4).

The initial diagnosis of jejunal GIST was clearly a mistake but, considering the particular appearance of small intestinal GIST on CT scan, we do not believe it was careless. We consider this report an instructive case not only from a radiological point of view, but also with regard to clinical practice, as it reflects on the importance of the patient's medical history and multidisciplinary imaging review.

5. Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? The authors presented a case report focusing only on pills and GIST.

This is a case report illustrating that enteric-coated preparations can be hyperdense on CT scan and can be possibly misdiagnosed, for example as small intestinal GISTs, given the very peculiar appearance of this type of tumors on contrast-enhanced CT scan.

This is the particular message we wanted to give. We did not intend to address the topic of hyperdense lesions in general, and all the ways they can be misdiagnosed.

Our case report does not only focus on the radiological features of enteric-coated tablets and GISTs, but also deals with other aspects of the diagnostic process (pharmacological history, multidisciplinary work).

Since this is a case report, there is no Methods section but a Case Presentation section, in which all the writing requirements were carefully followed.

7. Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? No.

We tried to discuss all the findings in a concise and logical way, according to the following scheme:

1. Oral-delayed mesalamine: uses and appearance on CT scan, as reported in the literature;
2. GISTs: location and appearance on CT scan, as reported in the literature;
3. Radiologic misdiagnosis:
 - how it could have happened,
 - literature review (in which we clearly stated that this is the first case report describing a confusion in diagnosis caused by delayed-release mesalamine tablet),
 - how it could have been avoided, with relevance to clinical practice;
4. Beyond the radiological misdiagnosis: other two key points that could have helped the diagnostic process, with relevance to clinical practice.

Reviewer #2:

This is an instructive case showing that enteric-coated preparations, such as delayed-release mesalamine are hyperdense on CT scan and can be possibly misdiagnosed as tumors, for example as GIST. The authors conclude that thorough investigation of the

patient's medical treatment (even occasional) and a multidisciplinary review of all the images is essential to avoid misdiagnosis and unnecessary examinations. The manuscript is well written. The background and the significance of the case is well presented. In the discussion, the key points are concisely, clearly and logically highlighted. There is a mistake in the introduction stating that "Gastrointestinal stromal tumors (GISTs) are a group of mesenchymal smooth muscle tumors of the alimentary tract". GISTs are mesenchymal tumors that recapitulate the interstitial cells of Cajal lineage/differentiation. Therefore, they are not smooth muscle tumors. Smooth muscle tumors are called leiomyoma or leiomyosarcoma. I find the reference 4 unnecessary as the stage of patient's renal cell carcinoma was probably taken from the documentation. Alternatively, the Eighth Edition of the Tumor-Node-Metastasis Staging Classification could be cited.

Thank you very much for your revision.

As you suggested, we amended the mistake concerning the definition of GIST and we cited the 8th Edition of the Tumor-Node-Metastasis Staging Classification.

Science editor:

I congratulate the authors for the case report. Nicely written and supplemented with good figures. Language Quality: Grade B (Minor language polishing). Scientific Quality: Transfer to another BPG Journal

Thank you very much. The manuscript has been revised by a native English-speaking expert.

Company editor-in-chief:

I recommend the manuscript to be published in the World Journal of Clinical Cases.

Thank you very much.