

April 23, 2022

Editor, *World Journal of Clinical Cases*,

Dear Editor:

Thank you again for sending us the reviewer's comments on our manuscript entitled "An intra-abdominal ectopic bronchogenic cyst with a mucinous neoplasm harboring a GNAS mutation: A case report" (Manuscript NO: 76256).

Please find the attached manuscript that has been revised in response to the reviewers' suggestions. Responses to the individual points raised by the reviewer are detailed below, and revisions made are shown in bold, underlined, and red text in the revised manuscript.

We believe the revised manuscript is in condition for acceptance.

Sincerely,

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Thank you very much for your valuable advice. According to reviewer's comments, some text has been added to improve the quality of this manuscript. Our responses to the reviewer's comments are as follows.

Responses for the reviewer (Reviewer's code: 05219083)

Comment 1: Yes, only the acronym CEA in the Background section, for the first time it is used, add its meaning.

Response: The authors added the meaning of CEA in the Background section.

P2L5-7 Here we report a unique intra-abdominal ectopic bronchogenic cyst with a mucinous neoplasm that was producing carcinoembryonic antigen (CEA), harboring a *GNAS* mutation.

Comment 2: No, the Background or Introduction are very brief, the authors must further contextualize the topic related to the case of "ectopic bronchogenic cyst".

Response: The authors added descriptions related to the case of ectopic bronchogenic cyst to the Background and Introduction sections.

P2L7-8 The present case may contribute to elucidating the tumorigenesis and malignant transformation of ectopic bronchogenic cysts.

P3L5-10 There are some reports of malignant transformation in bronchogenic cysts, but the mechanism of tumorigenesis and malignant transformation is still unknown¹. An extremely rare case of an intra-abdominal ectopic bronchogenic cyst with CEA production, in which a mucinous neoplasm harboring a *GNAS* gene mutation was observed, is presented. The present case may contribute to elucidating the tumorigenesis and malignant transformation of ectopic bronchogenic cysts.

Comment 3: Yes, only in the second line of the legend of Fig. 1: to the phrase "lateral lobe of the liver" add "left", as follows: left lateral lobe of the liver.

Response: The phrase "lateral lobe of the liver" in the legend of Fig.1 was changed to "the left lateral lobe of the liver".

P21L3-4 Axial (a) and coronal (b) views of MRI T2-weighted images show a multifocal, cystic mass with a diameter of 8 cm between the stomach and left lateral lobe of the liver.

Comment 4: In relation to the References, there are 2 aspects that the authors must improve: A. The Journal accepts that all authors are mentioned in the reference. B. The name of the Journal must appear in the reference with the globally accepted abbreviations.

Response: All authors of each reference journal were added. In addition, all journal names in the reference section were abbreviated according to the globally accepted abbreviations.

Responses for the reviewer (Reviewer's code: 05904643)

Comments: This is a good case report. intra-abdominal ectopic Bronchogenic cyst is rare and difficult to diagnose preoperatively. It is easy to be misdiagnosed and missed. It should be considered in the diagnosis of cystic masses in abdomen. This case report provides us with some experience in diagnosis and treatment.

Response: We thank the reviewer for the comments and encouragement.