

To Reviewer #1: Thank you for your comment, based on 2 otherwise circumstantial findings, we performed a complete preoperative evaluation to exclude the differential diagnosis. Combined with her past trauma history, we considered that benign cystic masses tend to grow anteriorly and compress the rectum and vagina, and the cystic masses are less likely to cause sacrococcygeal scoliosis.

To Reviewer #2: Thank you for your valuable suggestions, we replaced references 17-19 to correspond to differential diagnosis 'tailgut cysts, cystic teratomas, chordoma'.

To Reviewer #3: Thank you for your comment, we revised the references cross cited in the introduction and related work. And the conclusion was completed.

To Reviewer #4: Thank you for your detailed and helpful suggestions. My amendment is as follows:

1. We used the term "perirectal" to replace "presacral" and "pararectal" in the article;
2. We have cropped figure 1 to focus on the region of the mass and hidden the patient's wrist strap;
3. The histological microphotograph of the epidermoid cyst is presented in figure 5;
4. After surgery, the patient was hospitalized for purgative and preventive antibacterial treatment. We changed the dressing twice daily and after defecation. The patient was discharged 2 weeks after the surgery with a drain and the stitches were removed.
5. This article has been polished by a professional English editing company.