



Division of General Surgery
General Surgery Clinics

החטיבה הכירורגית
מרפאות החטיבה הכירורגית

Minor comments:

abstract :

instead of "a mass approximately 15x10x10 cm in size was bluntly peeled off, which had a tough texture and clear boundaries", I suggest - a solid mass with well circumscribed boundaries, approximately 15x10x10 cm in size was bluntly peeled off

Reply: Thank you for your comments, I have taken your valuable opinion.

Core Tip :

"It is usually benign, and the diagnosis and treatment are difficult." I suggest to rephrase: ..preoperative diagnosis is difficult, and resection is diagnostic and therapeutic .

Reply: Thank you for your comments, I have taken your valuable opinion.

introduction:

" Retroperitoneal leiomyomas have similar characteristics to uterine leiomyomas in terms of tissue[3]" - similar tissue characteristics
"while retroperitoneal leiomyomas are uncommon[2]." while uncommon in retroperitoneal leiomyomas

Reply: Thank you for your comments, I have taken your valuable opinion.

Chief complaints :

"The patient had pain in the right lower quadrant for 3 years and a pelvic mass was found 13 days previously."
...3 years, aggravated recently, and a pelvic mass was found at our outpatient clinic

Reply: Thank you for your comments, I have taken your valuable opinion.

History of present illness

A ?? year old female, The patient had pain in the right lower quadrant three years ago without an obvious precipitating cause, but she did not pay much attention to it seek medical advice. The pain was aggravated after activity 2 months ago, and she was examined treated in our outpatient clinic 13 days ago.

Reply: Thank you for your comments, I have taken your valuable opinion.



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Imaging examinations

please rephrase (did you mean heterogenic mass?etc)

what was the preoperative suspicion?

Reply: Thank you for your comments, I have taken your valuable opinion.

Further diagnostic work-up

Please specify: **Low Midline laparotomy?** Open abdominal exploration was performed, and uterine size and morphology, bilateral fallopian tubes and ovarian size and morphology were all normal. In The right broad ligament ~~could be reached and~~ a 15x10x10 cm **well defined** mass was observed, with a **clear border**, and no adhesions, ~~blunt or sharp peeling of the mass the tumor was resected~~ (Figure 1). Pathological results were as follows: spindle cell tumor (Figure 2), same morphology??**same to what?**, bundle arrangement, **mild cell morphology, no nucleus division, no bleeding and necrosis. Please rephrase**

Immunohistochemistry results were: Desmin (+) (Figure 3A), Calponin (+) (Figure 3B), Caldesmon (+) (Figure 3C), SMA (+) (Figure 3D), ER (+) (Figure 3E), CD117 (partially weak+) (Figure 3F), DOG1 (partially weak+) (Figure 3G), K1-67 (+1%) (Figure 3H), GFAP (-) (Figure 3I), S100 (-) (Figure 3J), and CD34 (-) (Figure 3K).

Reply: Thank you for your comments, I have taken your valuable opinion.

FINAL DIAGNOSIS

Retroperitoneal leiomyoma was diagnosed based on the pathological and immunohistochemical findings.

TREATMENT

Aggressive infection control after surgery, and rehydration support were administered. Why was it necessary?? I think its better deleted

Reply: Thank you for your comments, I have taken your valuable opinion.

Discussion

✓ Retroperitoneal leiomyomas mainly need to be distinguished from leiomyosarcomas, which differ in terms of clinical, morphological, and



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imaging manifestations. **more importantly in the surgical management (simple resection versus radical_**

Reply: Thank you for your comments, I have taken your valuable opinion.

In addition, we have performed CA125 tests on patients without abnormalities, which may be a means of distinguishing retroperitoneal leiomyomas from uterine fibroids. – which patients? what do you mean?

Reply: Thank you for your comments, I have taken your valuable opinion.

The results of immunohistochemistry helped us to classify the fluids that were removed, and in conjunction with the results of pathological examination, identified our patient as having a retroperitoneal leiomyoma. Which fluids??

Reply: Thank you for your comments, I have taken your valuable opinion.

reported conservative approach showed that the tumor was prone to recurrence^[8].- if the tumor is not resected you cannot talk about recurrence. You can discuss enlargement of the mass...malignant transformation etc.

Reply: Thank you for your comments, Because our patient underwent surgical treatment

I think it is worth emphasizing that this tumor does not mandate radical resection (i.e TAH+BSO) unlike uterine leiomyosarcomas and that tumor resections confers good outcome without recurrence

Reply: Thank you for your comments, there is literature mentioning recurrence after conservative treatment .

CONCLUSION

I suggest to write instead conclusions from your case- retroperitoneal leiomyoma located in the broad ligament is a rare and benign tumor and resection of the tumor confers good outcomes.

Reply: Thank you for your comments, I have taken your valuable opinion.