

Dear Editor and Reviewers,

Thank you very much for taking time to review this manuscript “Value of contrast-enhanced ultrasound in aggressive angiomyxoma using a biplane transrectal probe: A case report and literature review” (Manuscript No: 84213). We truly appreciate all your positive and constructive comments and suggestions. We have revised the manuscript in accordance with the reviewers’ comments. The revised portions of the manuscript are shown in red, and our point-by-point responses to the reviewers’ comments are as follows:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This case report is well organized, and provides an important step toward better understanding the role of ultrasound in diagnosing aggressive angiomyxoma. However, it contains many problems, and is not acceptable for publication in the present form. **Major points:** Please compare strictly between macroscopic and sonographic findings (sonographic layered appearance corresponding “cystic layers” and “solid layers” overlapping each other?). In my opinion, the hypoechoic layer may represent condensation of collagen fibers, not fluid collection. This sonographic confirmation is very important. Although, the findings of each imaging modality are somewhat expected and in keeping with already known results described in previous reports, the most important aspect of this case report is the confirmation that transrectal high-frequency US is very sensitive for detecting characteristic histologic structure of AAM. **Minor points:** 1) English: To be revised. 2) Title: please add “deep” (aggressive (deep) angiomyxoma) or simply (deep angiomyxoma). According to WHO classification of tumors (5th edition), the terminology has changed recently from “aggressive angiomyxoma” to “deep angiomyxoma”. 3) Keywords: inappropriate. At least, please replace

“imaging”, and “case report” by some appropriate ones. 4) Discussion: Please mention briefly histologic appearance general tendency of AAM. 5) Figure 2: Please indicate “rectum wall” by curved arrows. Although, “demarcation from the rectal wall” that the authors describe in this case report is not well-recognized on the provided figure 2, perhaps, this finding may better seen with real-time US.

Reply:

Major points:

First, thank you very much for your recognition of our manuscript, which very encouraging for future work. Second, thank you very much for your helpful advice. However, due to the retrospective nature of the study, we cannot obtain intraoperative specimen photos for this case to compare macroscopic and sonographic findings. Third, as you note, the hypoechoic layer represents condensation of collagen fibers, not fluid collection in the cross-sectional ultrasound images provided in this manuscript. This has been confirmed both on contrast-enhanced ultrasound and in puncture specimens. Thank you again for your insightful comments on this article. We have revised the manuscript according to your suggestions (**Page 9, lines 8-10**).

Minor points:

- 1) English: Thank you for your advice. We have sent the revised manuscript to **American Journal Experts** and provided a new language certificate along with the manuscript.
- 2) Title: Thank you for your suggestion. We have changed “aggressive angiomyxoma” to “**deep angiomyxoma**” in the title (**Page 1, lines 5-6**) and throughout the text.
- 3) Keywords: We appreciate your helpful suggestions. The keyword “imaging” has been replaced with “**Pelvic tumor**” (**Page 3, line 16**). In addition, according to the “Guidelines for Manual Preparation and Submission: Case Report (First published: June 30, 2015; Last updated: December 17, 2021)” requirements of the *World Journal of Gastroenterology*, “Key words” should

include 6 key words, including “case report”; as such, the revised manuscript still contains “case report” as a key word.

- 4) Discussion: Thank you for the helpful suggestion. We have added corresponding content to the article (**Page 7, lines 17-21**).
- 5) Figure 2: We completely agree with your comment and suggestion. We have indicated the “rectal wall” by a curved arrow in Figure 2 (**Page 16, line 1**).

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: Dear Editor, Dear Author, I read with great interest the manuscript entitled “Value of contrast-enhanced ultrasound in aggressive angiomyxoma using a biplane transrectal probe: A case report and literature review” by Zhang Q et al. This was a case report firstly reporting the usefulness of transrectal CEUS in the diagnosis of aggressive angiomyxoma. A comprehensive review regarding the role of US in its diagnosis has been also performed by the authors. I consider the manuscript well written and relevant for the research context. I have the following minor comment only: 1. The potential role of CE-EUS and EUS-guided FNB in the diagnosis of AAM should be mentioned in the discussion section.

Reply: We appreciate your interest in our manuscript. Thank you very much for your hard work and your suggestions for our manuscript. According to your suggestion, we searched the databases again with great interest. However, we found no reports in the literature related to "The potential role of CE-EUS and EUS-guided FNB in the diagnosis of AAM". Moreover, our team has no experience in the diagnosis of pelvic lesions on CE-EUS or EUS-guided FNB. Therefore, with respect, we dare not make any related comments in this manuscript. We apologize for failing to solve this very interesting and clinically valuable problem and hope you understand. We will keep this suggestion in

mind during future work and strive to obtain the relevant knowledge to explore this issue in our next manuscript. Thank you again for your very helpful guidance and assistance, which have provided a future research direction for us.

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

Reply: Thank you for your advice. The revised manuscript has been edited by **American Journal Experts**; please find the new language certificate provided along with the manuscript.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

Reply: Thank you for your suggestion. We have checked the full text and

revised the abbreviations in the manuscript accordingly.

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.

Reply: Thank you very much for your time and consideration of our manuscript.

(2) 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 Gastroenterology, 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. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following

copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022.

Reply: Thank you for your comments. We have revised the figures and tables accordingly. We have checked and confirmed that all the figures are original and added “Copyright ©The Author(s) 2022” to the PowerPoint (PPT) file.

Thanks again!

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