

**49509**

Dear reviewer,

Thank you for your comments.

As per your queries about our case; the patient was followed up in regular terms by the oncologists after the decision of the MDT meeting. Postoperatively they confirmed the absence of metastases with a thoracic CT scan and a bone scintigraphy. Thank you for highlighting this.

**03647086**

Dear reviewer,

Many thanks for your comments and your recommendations.

1. The reported lesion was a primary one and there were no signs of distant metastasis from the investigations that were performed at the time of the diagnosis. There was no known history of pathological fractures and there was no FDG-PET scan performed at the time of his presentation to our unit. Patient's past medical history involved coronary artery disease, for which a stent was placed in the respective artery. Thank you for highlighting this.
2. As per intra-operative and radiological findings, the lesion was located in the right abdomen only and there a few lymph nodes also involed.
3. Thanks for your comment, but, as per editor's request, we summarized the laboratory testing methods and major findings within a sentence.
4. Thanks for your comment. As we have already mentioned, the differential diagnosis of ESOS from other diseases depend on both radiological and histopathological findings.

**03648141**

Dear reviewer,

Thank you for your comments.

As per your queries regarding our case, the obstruction was caused by direct pressure/involvement of the resected ileum by the tumor. There were air-fluid levels on the abdominal X-ray and thanks for highlighting this. As per follow up, the oncology team reviewed the patient in regular terms

**03413692**

Dear reviewer,

Many thanks for your comments.