

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 36050

**Title:** Successful treatment of a giant ossified benign mesenteric schwannoma

Dear editor and reviewers:

Thank you for your contribution and your careful consideration for our manuscript. We also thank you for your each suggestion for this paper. According to the comments from the reviewers, we have made responses and revisions. All the changes were marked in the revised manuscript with red color.

#### **Reviewers' comments**

##### **Reviewer #1**

**Reviewer's code:** 02549893

Good case report

**Response to Reviewer #1 (Reviewer's code: 02549893)**

Thank you for your contribution.

##### **Reviewer #2**

**Reviewer's code:** 03468385

#### **COMMENTS TO AUTHORS**

The authors report an unusual and interesting case of a patient affected by mesenteric schwannoma. The case is nicely described and well structured; the results are documented by impressive figures and the related literature reported and discussed. The manuscript may be improved upon as outlined below. 1. On page 3, within introduction, the authors should better clarify the meaning of genetic anomalies linked to chromosome 22, that is, "Schwannomas are usually solitary sporadic lesions. About 3% occurred in patients with NF-2, 2% in those with schwannomatosis, and 5% in association

with multiple meningiomas with or without NF2. Most of schwannomas, whether sporadic or inherited, display inactivating germline mutations of the tumor suppressor gene NF2 located on chromosome 22 which encodes the protein merlin or schwannomin. This protein, localized to regions of the cell membrane engaged in cell contact and mobility, is expressed in Schwann cells, meningeal cells and the lens of the eye. The mechanism by which the loss of this protein results in tumorigenesis is not well understood". 2. On page 5, within discussion, the term malignant schwannoma is obsolete. Actually, malignant tumors arising from peripheral nerves or displaying differentiation along the lines of the various elements of the nerve sheath are collectively referred to as malignant peripheral sheath nerve tumors (MPNSTs). This term replaces the earlier terms malignant schwannoma, neurofibrosarcoma and neurogenic sarcoma. 3. On pages 5 and 6, within discussion, I agree that preoperative diagnosis is very difficult because of schwannomas' rarity and lack of specific features on the sonographic, CT, or MRI images. However, fine needle aspiration cytology, accompanied by immunohistochemical stains, may play an important role to define the appropriate treatment procedure and prognosis (Domanski, H. A., Åkerman, M., Engellau, J., Gustafson, P., Mertens, F. and Rydholm, A. (2006), Fine-needle aspiration of neurilemoma (schwannoma). A clinicocytopathologic study of 116 patients. *Diagn. Cytopathol.*, 34: 403–412). 4. There are some minor spelling errors, together with some minor grammatical errors which could be improved.

#### **Response to Reviewer #2 (Reviewer's code: 03468385)**

Thank you for your suggestions. According to your suggestions, we have revised our manuscript. 1. Within introduction, we have better clarified the meaning of genetic anomalies linked to chromosome 22 (page3 line22-27, page4 line1-4 ). 2. Within discussion, we have used the term of malignant peripheral sheath nerve tumors (MPNSTs) to replace the term of malignant

schwannoma (page5 line28-29, page6 line1). 3. Within discussion, we have added the content of "Fine needle aspiration cytology, accompanied by immunohistochemical stains, may play an important role to define the appropriate treatment procedure and prognosis<sup>[31]</sup>." (page8 line3-5). 4. We have corrected these spelling and grammatical errors in the revised manuscript. We also had sent the manuscript to a professional English editing service and the revised manuscript has received the service. Certificate can be found in the attachment. Thanks again.

### **Reviewer #3**

**Reviewer's code:** 01799104

#### **COMMENTS TO AUTHORS**

Mesenteric schwannoma with ossification is a rare case. The authors have studied the case in detail. Does this case ever have angiography or what is the territory of blood supply come from?

### **Response to Reviewer #3 (Reviewer's code: 01799104)**

Thank you for your suggestion. The case did not have angiography. During surgery, we found the territory of tumour blood supply was the branch of superior mesenteric artery (page5 line6-7). Thanks again.

### **Reviewer #4**

**Reviewer's code:** 00053451

#### **COMMENTS TO AUTHORS**

This paper reports a case with a giant ossified benign mesenteric schwannoma resected surgically. This is a rare and informative case. I have following observations. Abstract Line 27 "Some areas of the tumor were ossified" could be deleted. Case Page 4, line 9 What is "beck"? Page 4, lines 10-11 US revealed a mass in the upper left abdomen mainly with low density, while regions of high density were visible Please add the detailed

US findings, US pattern, margin appearance. Please do not use density as it is a term for CT. Didn't they perform contrast-enhanced US? Discussion Page 5, line 11 "unfrequent" should be modified. Page 6, line 8 "study" is correct.

**Response to Reviewer #4 (Reviewer's code: 00053451)**

Thank you for your suggestions. According to your suggestions, we have revised our manuscript. We have deleted the redundant content of "Some areas of the tumor were ossified" in the abstract. The "beck" is a spelling error and we have corrected it as "back" (page4 line20). We have added the detailed US findings, US pattern, margin appearance in the revised manuscript. That is " US revealed a solid mass in the upper left abdomen, with clear margin, and also showed some cystic and strong echoe areas in the mass. Color doppler flow imagings (CDFIs) showed blood signals in the mass." (page4 line21-24). The patient did not received contrast-enhanced US. Within discussion section, we have modified the "unfrequent" as "uncommon"(page5 line29). We have corrected the "study" in the revised manuscript(page6 line10 ).

Yours

sincerely,

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