

Dear Prof. Fang-Fang Ji and Reviewers,

We greatly appreciate the editor and reviewers' positive and constructive comments and suggestions on our manuscript. We have tried our best to revise our manuscript according to the comments. Attached please find the revised version, which we would like to submit for your kind consideration.

Yours sincerely,

Yan Fu

Reply to the reviewers' comments

Reviewer 1

Comments 1. MK1: This has been repeated in the next section. Please remove from here.

Reply: I agree to remove that section. Thanks.

Comments 2. What about the bleeding? Did she have menorrhagia or only dysmenorrhea?

Reply: Since September 2016, the patient's menstrual period was extended to 6 days without any significant cause, and the menstrual blood volume was increased two-folds of the previous amount. Moreover, we have added relevant content: "This study was conducted in accordance with the declaration of Helsinki. This study was conducted with approval from the Ethics Committee of Jilin University. Written informed consent was obtained from all participants." Thanks.

Comments 3. Were these self-reported by the patient, or did you have access to her records? If you have access to her records and reports on ultrasound, please provide details of the ultrasound including dimensions of the uterus (length, height, width), endometrial thickness.

Reply: I have the record. Dimensions of the uterus including 68mm in length,54mm in width, 48mm in thickness: "Dimensions of the uterus including 64mm in length,54mm in width, 48mm in thickness." The endometrial thickness was 20mm.

Comments 4. What do you mean by “tough quality”? Do you mean ‘the consistency was firm’? Please amend throughout the paper.

Reply: Indeed, tough quality means that the doctor feel a tough uterus when touching it: “with feel a tough uterus when touching it and uterine mobility was large but without tenderness”.

Comments 5. What do you mean by “good activity”? Do you mean ‘uterine mobility’? Please amend throughout the paper.

Reply: Yes, I mean uterine mobility.

Comments 6. Please write all the dimensions? (length, height, width)

Reply: It should be “measuring 61 ×54 ×45mm”.

Comments 7. What do you mean by “full shape”? Do you mean ‘the shape of the uterus was symmetrical’

Reply: I mean the shape of the uterus was like a ball.

Comments 8. What about the bleeding? Did the treatment decrease the bleeding as it is usually the main cause of concern in these patients?

Reply: The menstruation volume was small because setting the Mirena ring.

Comments 9. How did physical examination reveal anemia? Do you mean the anemia was diagnosed due to patient’s pale skin or did the patient have blood tests and the anemia was diagnosed then? Please clarify. The diagnosis of anemia by only looking at the patient’s appearances is not an accurate measure.

Reply: Indeed, due to the pale skin and blood tests.

Comments 10. Please amend as per the previous comments

Reply: Indeed, tough quality means that the doctor feel a tough uterus when touching it, uterine mobility, and the relevant content has been revised: “with hard and tough when touching it and the mobility was small”.

Comments 11. Please amend as per the previous comments

Reply: Full form means the uterus looked like a ball.

Comments 12. I am not sure what you mean by “anterior uterus with smooth capsule”. Do you mean consistency across the endometrial layer? Or something else? Please clarify.

Reply: Smooth capsule means smooth surface. The border line of the uterus was smooth in ultrasound.

Comments 13. Please write all the dimensions? (length, height, width)

Reply: It should be “65×59×50 mm”.

Comments 14. Full blood results have been reported for Case 2, however, the authors did not mention any blood results for Case 1. I am wondering if there are any blood results for Case 1; if Yes, please add details (similar to what you have written for case 2).

Reply: Routine blood test and CA125 were normal in case 1: “Routine blood test and CA125 were normal.” Thank you.

Comments 15. Please delete.

Reply: I agree, and the detailed content has been revised.

Comments 16. Move this paragraph to page 4, under “CASE REPORT” heading.

Reply: I agree, and the detailed content has been revised.

Comments 17. Please remove this section as the details have already been provided in case 1 and Case 2 sections.

Reply: I agree, and the detailed content has been revised.

Comments 18. Please put appropriate reference/s.

Reply: I agree, and the detailed content has been revised.

Comments 19. Please put appropriate reference/s.

Reply: I agree, and the detailed content has been revised.

Comments 20. In this report, the authors reported on CA-125 only for Case 2. This is the first time that it is mention Case 1 had normal level of CA-125. Please add relevant details to the Case 1.

Reply: I agree, and the detailed content has been revised.

Comments 21. Please put appropriate reference/s.

Reply: I did not have reference. It was the consensus in clinic.

Comments 22. Please put appropriate reference/s.

Reply: According to your kind suggestion, the relevant content has been added in the revised manuscript: “total hysterectomy can be considered if the patient has no fertility request^[11].” Thanks.

The updated reference:

11 Imaoka I, Kaji Y, Kobashi Y, et al. Cystic adenomyosis with florid glandular differentiation mimicking ovarian malignancy. Br J Radiol 2005; 78: 558-561.[PMID: 15900064 doi: 10.1259/bjr/82283833]

Comments 23. Did your study have some limitations or strengths? Please add details here.

Reply: According to your kind suggestion, the relevant contents have been added in the revised manuscript: “In this paper, only 2 cases were reported. In order to fine the pathogenesis, pathological feature, MRI character and treatment of the cystic adenomyosis, more cases need to be collected.” Thanks for your continued attention again.

Reviewer 2 and 3

None.