

Dear Editor,

We are pleased to answer the questions of the reviewers and the manuscript titled "Peritoneal cavernous hemangiomas: A case report and review of literature" (ID:42395) has also been extensively revised according to the comments.

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Question #1: In Introduction "To the best of our knowledge, cavernous hemangiomas occur only in the peritoneum has not been reported in the English literature. "but there is a case report related to a child in "Hemangiomas of the colon and peritoneum: case report and management discussion. Ibarra E, Sharp HL, Snyder CL, Ferrell KL, Leonard AS. Clin Pediatr (Phila). 1988 Sep;27(9):425-30. Review.". Please mention the above reference or exclude "has not been reported".

Answer: We have modified the manuscript and deleted "has not been reported".

Question #2: "liver(1) or spleen(2)." and "described(3)", please put a space before reference as liver (1). Please carefully review entire text.

Answer: we have put a space before all the serial number of references in the manuscript.

Question #3: In guidelines of the journal, the reference style is "2014; 20: 333-345", but the authors used "2006;448(3):366-368". Please revise all references.

Answer: We have modified the format of all references as required.

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Question #4: Differential diagnosis of suggested diagnosed disorder is assessed only morphologically, no confirmed techniques were processed in the provided report.

Answer: We have modified differential diagnosis in the manuscript as below: "The vascular lumen was lined with squamous endothelium without lymphocytes, eosinophils, or the formation of lymphoid follicles. and imaging

examination did not show any abnormal soft tissue mass and bone destruction...Platelet was not decreased in this patient and no spindle tumor cells or fissured lacuna were found in pathological examination, allowing us to further excluded the diagnosis of kaposiform hemangioendothelioma.”

Question #5: No definitive test to exclude malignancy was mentioned.

Answer: We have added the details in the manuscript as below: “Additionally, pathological examination showed that within the lumen was lined with squamous endothelium without heterogeneity and immunohistochemical examination showed that the Ki-67 value of the endothelial cells was 2%.”

Question #6: MRI is the definitive diagnostic modality why it was not performed.

Answer: MRI is a very useful examination, but we did not consider this disease because of lacking experience. If we encounter another patient like this in the future, MRI will be performed for the patient.

Question #7: Hemangiomas can occur in the omentum and mesentery because these are derivatives of mesodermal remnants so it is not rare to find hemangiomas in peritoneum.

Answer: We have modified the manuscript and deleted “rare” and “very rare”.

Question #8: Major language editing is required to correct grammar and spelling mistakes.

Answer: We examined the grammar and spelling of the manuscript carefully and modified mistakes.

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Question #9: What was the reason for the PET CT scan? Both lesions of inflammatory and malignant nature exhibit high uptake.

Answer: Because there was a huge mass in the abdominal cavity and the gastrointestinal tract structure was displaced. In order to exclude the extensive metastasis of gastrointestinal tumors, we consulted with the patient for positron emission tomography-computed tomography examination.

Question #10: What were the potential diagnosis based on the preop investigations?

Answer: The potential preoperative diagnosis was peritoneal metastasis of appendix mucinous tumor.

Question #11: Is there any role for preoperative tissue diagnosis? In retrospect a laparotomy may not have been indicated or necessary.

Answer: We have considered the fine needle aspiration biopsy. But considering that if it was malignant, metastasis following fine-needle puncture may occurs, so we gave up this idea. The patient felt abdominal distension and had a significant reduction of food consumption for nearly 2 months, so the operation should be performed.

Question #12: Did the patient have any other symptoms rather than distention? If not, then why the decision was made for surgery?

Answer: Yes, he had a significant reduction of food consumption for nearly 2 months.

Question #13: Please clarify the decision to perform the procedure described, which is not appropriate for presumed cancer diagnosis as no resection or chemoperfusion utilised? Also comment on the negative frozen section and how it affected decision making intra-operatively (sensitivity, specificity etc)

Answer: Hyperthermic perfusion is suitable for malignant tumor peritoneal metastasis and it is excessive to use this treatment for the disease which pathological nature is not clear. Although the sensitivity and specificity of intraoperative frozen pathological examination is very high, we used treatments for malignant tumor in view of that the malignant possibility could not be completely excluded after a communication with the pathologist.

Best regards,

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