

Dear Prof Fang-Fang Ji and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled “ **Radiologic features of Castleman's disease involving the renal sinus: A case report and review of the literature**”. (ID: 45271). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1(Reviewer's code: 00503286):

Response to comment: (The paper "Radiologic features of Castleman's disease involving the renal sinus: A case report and review of the literature" should be published in journal, after minor corrections with the editor). **Response:** Special thanks to you for your good comments. We have tried our best to revise our manuscript one by one according to the editing requirements.

Reviewer #2(**Reviewer's code:** 00503260):

1. **Response to comment:**(The authors mainly demonstrated the imaging examination to differentiate the plasma cell type of Castleman's disease from malignant lymphoma. However, because the lesion was suspected to be a malignant renal pelvic carcinoma, right radical nephrectomy was performed to the patient in this case. These facts suggests that the preoperative qualitative diagnosis is difficult. Therefore, the authors should indicate the imaging features of malignant renal pelvic carcinoma which are different from Castleman's disease.) **Response:** First of all, I would like to thank the reviewer for his Suggestions. What he pointed out was exactly the lack of detail in some parts of the articles we wrote at that time. According to the suggestions of the reviewers, we added “ In most cases, the lesions of transitional cell carcinoma show high signal on T2WI, with unsmooth edges and hematuria as the most common clinical symptoms” on the fourth line of page 7.

2. **Response to comment:** (There are some mistakes in this manuscript. For examples, according to Table 1, it seems that five patients underwent MRI scans (References; 3-6).

However, the authors indicated that “Four of these patients underwent MRI scans [4-6].” in 1st paragraph of page 5. In addition, E is shown in Figure 1 of Figure legends. However, D is correct and E is incorrect. The authors should revise the mistakes adequately.).

Response: We are very sorry for our negligence of these mistakes. We have made correction according to the Reviewer’s comments. We have checked the data in the references again, revised the data in the Table1 and revised the data in the discussion section at the same time.

3. **Response to comment:**(The authors indicated the findings of MRI such as hypointense on T2WI and hyperintense on DWI are characteristics to distinguish plasma cell type of Castleman’s disease from other renal sinus lesions. When the authors show the findings of MRI of representative differential diagnosis (for example, renal pelvic carcinoma and malignant lymphoma), it will be much easier for the readers to understand this manuscript.)

Response: We have re-written this part according to the Reviewer’s suggestion(We believe that hypointense on T2WI, hyperintense on DWI manifestations and mild enhancement can help us to distinguish the plasma cell type of CD from many renal sinus lesions, such as transitional cell carcinoma and renal sinus lymphoma. In most cases, the lesions of transitional cell carcinoma show high signal on T2WI, with unsmooth edges and hematuria as the most common clinical symptoms. However, it is still impossible to differentiate CD from renal sinus lymphoma with imaging alone. It also has lower signal intensity than does a normal cortex with T1WI, and it is relatively iso- or hypointense in T2WI and hyperintense on DWI.). Special thanks to you for your good comments.

4. **Response to comment:**(The authors indicated that hydronephrosis is caused in the case that Nagahama reported (Reference 5 in Table 1). Therefore, the authors should add “Yes” in the blank column of hydronephrosis.). **Response:** The corresponding information in the table has been corrected.

5. **Response to comment:**(It is important whether the MRI imaging findings are associated

with histological subtypes of Castleman's disease. Therefore, the authors should add the information in Table 1.). **Response:** The corresponding information in the table has been corrected.

Reviewer #3(**Reviewer's code:** 02885976): Special thanks to you for your comments.

We have studied reviewer's comments carefully and have made revision which marked in the paper. These changes will not influence the content and framework of the paper. We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval. Once again, thank you very much for your comments and suggestions. Looking forward to hearing from you.

Thank you and best regards.

Yours sincerely,

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