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Revision-author's response

We would like to thank the reviewers for their enthusiasm about our report, judicious comments and the thoughtful suggestions. Below is our point-by-point response (our responses are in bold and the original comments in their reviews are in italics). The review reports have been very helpful and we hope that the reviewers will now find the revised version of our manuscript suitable for publication in World Journal of Clinical Cases.

Reviewer 1:

Reviewer's code: 03475120

Reviewer's country: Japan

Minor revisions

1. Abbreviations should be mentioned in the text, at the first use after the Introduction section. 2. Errata should be corrected (e.g., tumor size). 3. Macro findings of the resected specimen and gastrointestinal series may be interesting for journal readers. 4. MRI finding may be informative for journal readers, even if EUS is the best investigation.

1. Abbreviations should be mentioned in the text, at the first use after the Introduction section.

We thank the reviewer for the advice. We have corrected the abbreviations in our report which are in green (every abbreviation has been mentioned in our report at the first use after the introduction section).



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2. *Errata should be corrected (e.g., tumor size).*

We have made some language polishing and corrected some grammatical errors in the revised version report which are in green.

3. *Macro findings of the resected specimen and gastrointestinal series may be interesting for journal readers.*

It is a great pity that the resected specimen was not pictured for further research during the surgery and it has been destroyed during the histological exploration.

4. *MRI finding may be informative for journal readers, even if EUS is the best investigation.*

The patient did not take an MRI in our hospital. We reviewed the reported cases with MRI images in the past 17 years and concluded the CT and MRI image features of gastric duplication cysts (GDCs), which was detailed in the discussion of our revised version labelled with underline. The advantage of MRI in GDCs' diagnosis was also emphasized as "MRI has high soft tissue resolution and signal changes in multiple phases may present the thin cyst wall usually with slightly enhancement, which is useful for distinguishing the origin of the cyst".

Reviewer 2:

Reviewer's code: 03478911

Reviewer's country: South Korea

Major revisions



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1. *The authors argued that surgical resection is currently the mainstay treatment. However, it could not find any further explanation at the end of that sentence. The authors should state what the purpose of the case report was. Even the description of theoretical background for the disease was also very poor.* 2. *The author's conclusion is as follows: "Surgical resection is performed for symptomatic relief and to prevent potential complications such as obstruction, torsion, perforation, bleeding and malignant transformation." This reviewer cannot recognize whether this sentence is conclusion or theory. It is additional matter that contents of discussion is like as the description of introduction.* 3. *It needs a great deal of language polishing.*

1. *The authors argued that surgical resection is currently the mainstay treatment. However, it could not find any further explanation at the end of that sentence. The authors should state what the purpose of the case report was. Even the description of theoretical background for the disease was also very poor.*

We presented this case with the purpose of making a summary of gastric duplication cysts (GDCs), especially the image features of this rare disease, which has been illustrated with underline label in the background of the revised version.

As no valid guidelines for GDCs are available, we read the English papers about GDCs in the past 17 years on Pubmed to look for treatment methods for this disease. Almost all the reported cases were hospitalized complaining of certain symptoms caused by GDCs so surgical interventions were usually taken for the symptomatic relief. A large number of reported cases went with a good prognosis after surgery, while a few GDCs with malignant transformation happened to have poor



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outcomes, which has been detailed in the last paragraph of discussion section labelled with underline.

2. *The author's conclusion is as follows: "Surgical resection is performed for symptomatic relief and to prevent potential complications such as obstruction, torsion, perforation, bleeding and malignant transformation." This reviewer cannot recognize whether this sentence is conclusion or theory. It is additional matter that contents of discussion is like as the description of introduction.*

We appreciate the reviewer for the criticism of our original report. The original conclusion was indeed not suitable for our argument. We have written a new conclusion which was underlined in our revised version, which goes as "Gastric duplication cysts (GDCs) are a quite rare malformation in adults usually with non-specific clinical symptoms. Some imaging modalities including ultrasound, computed tomography (CT) and magnetic resonance imaging (MRI) are able to figure out morphological features for GDCs diagnosis and endoscopic ultrasound (EUS) could present the exact micro structure of the cystic wall. We deem that GDCs should be put in the differential list for a cystic mass adjacent to gastric lumen".

As the introduction is a brief illustration of GDCs, we put more detailed information about GDCs in discussion. This might be the reason of the overlap between introduction and discussion sections.

3. *It needs a great deal of language polishing.*



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We feel sorry for our carelessness in grammar and we have made some language polishing in our revised version report which are in green.

Reviewer 3:

Reviewer's code: 00037961

Reviewer's country: United States

Accept (General priority)

This is a case study presenting a rare case of a duplication cyst in an adult presenting with recurrent left upper abdominal pain and fullness. Abdominal ultrasound and contrast enhanced computed tomography demonstrated a large cystic lesion along to the greater curvature of the stomach, without significant enhancement and with scattered calcifications. A nutrient vessel arising from stomach was noted in the wall of the cyst. Laparoscopic resection of the gastric mass and partial gastrectomy were performed. Patient recovered without complication.

Comment: Please correct the concluding statement in the abstract. Please rephrase the sentence focusing on the major findings and the resultant outcome following the surgery.

We thank the reviewer for the instruction in report writing. We have corrected the conclusion in the abstract on as "Gastric duplication cysts (GDCs) are quite rare in adults, with a multitude of symptoms, which is quite challenging for precise diagnosis before histological examination. Some imaging techniques involving computed tomography (CT), magnetic resonance imaging (MRI) and endoscopic ultrasound (EUS) could provide valuable morphological features for differential diagnosis".



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Our report mainly aims to summarize the image features of gastric duplication cysts (GDCs) for diagnosis, thus we allocated more words for detailed illustration of image features of GDCs in discussion of our revised version. The treatment choices and outcomes were also investigated and were presented in discussion of the revised version report, which were underlined. The majority of reported cases including our case obtained relatively satisfying prognosis after surgical resection.

Reviewer 4

Reviewer's code: 00058401

Reviewer's country: Brazil

Accept (High priority)

Congratulations for the manuscript. I criticized the not performance of the aspiration of the fluid before the surgical approach.

We thank the reviewer for the positive feedback, it is really appreciated.

It is true that we did not collect comprehensive data of the patient before the surgery and this should be criticized.