Format for ANSWERING REVIEWERS

July 28, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 4663-revised: edited clean copy with footnotes).

Title: The Diagnosis and Treatment of Benign Multicystic Peritoneal Mesothelioma

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO:4663

The manuscript has been improved according to the suggestions of reviewers:
1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) Introduction of the text is short. Authors should relate the high light point of this case report.

Here, we present a case of BMPM in a 56-year-old Caucasian male with a painful mass in right lower abdomen for 2 years. The preoperative diagnosis was angiolymphoma. An en bloc removal was performed. The final diagnosis was BMPM according to the findings of histological and immunohistochemical examinations. We hope that this information assists surgeons in recognizing the diagnosis and treatment of BMPM.

(2) What is the differential diagnosis for malignant mesothelioma, such as histopathological analysis, imaging study, and symptom?

Malignant peritoneal mesothelioma (MPM) accounts for 20% to 33% of mesotheliomas. MPM always presents a history of exposure to asbestos, abdominal pain, distension, ascites, and weight loss. A plain chest radiograph may show signs of asbestos. An abdominal CT examination may show the presence of ascitic fluid and peritoneal thickening. The calretinin immunostaining of ascitic fluid can be done preoperatively. At laparotomy, widespread nodular thickening of the visceral peritoneum with a striking, diffusely uniform, erythematous appearance can be confirmed to be MPM.

(3) May the rupture of cystic lesion of BMPM result in recurrence tumor ?

The correlation between rupture of cystic lesion of BMPM and recurrence tumor is uncertain.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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