

Dear Editors and Reviewers,

On behalf of all authors, I would like to thank you for giving us an opportunity to revise our manuscript entitled “**A large pelvic mass arising from the cervical stump: A case report and review of the literature**” (Manuscript NO: 52002). We appreciate editors and reviewers very much for the careful and thoughtful comments and suggestions. The manuscript has been extensively revised with substantial new information included to address these comments and suggestions. We would like to submit a revision for your kind consideration, and hope that the correction will meet with approval. The revised manuscript has been edited according to the suggestions of the editor. All major changes towards the reviewer are marked in yellow in the revised manuscript and discussed in the following sections.

#### **Response to comments by the reviewer(Reviewer’s code: 00054672)**

***Comment 1:** In the section of Physical examination upon admission: “The texture of the mass was slightly hard with poor activity” – please explain in the text.*

**Response:** We apologize for unclear presentation about “The texture of the mass was slightly hard with poor activity” and have added details in the revision manuscript (marked yellow). The gynecologist conducted a triad examination of the patient, namely, a combined examination of the rectum, vagina and abdomen through both hands. They found that the mass was not as hard as a solid tumor and so we describe it as slightly hard texture. In addition, the mass may be adhering to the tissue structure of the pelvic inner wall due to inflammation and infection in the pelvic cavity, so the mass cannot be moved smoothly by hand. We describe this mass as having poor activity.

***Comment 2:** In the section Laboratory examinations: Please note that, abbreviation should not be used if not mentioned previously, for example CA125, HE4, T, HPV53... Values and units should be separated by space for example: 2.3ug/L.*

**Response:** We thank the reviewer for this suggestion. We added the full name to the abbreviation in our manuscript, such as Sugar antigen 125 (CA125), Human epididymal protein 4 (HE4) and testosterone (T). We need a further explanation of HPV53. HPV is an abbreviation for human papilloma virus as it mentioned previously. HPV53 is a sub-type of human papilloma virus. We also added spaces between values and units.

**Comment 3:** *In the section Outcome and follow-up: The authors should explain the meaning of .."SCCA level 0.3 ug/L" to the reader – is it normal, abnormal - please state the reference values. Please explain the future tens in the second sentence of the paragraph " will include...." or rewrite the sentence.*

**Response:** We thank the reviewer for this constructive suggestion."SCCA level 0.3ug /L "was further supplemented and a reference range was added in our manuscript.The patient performed well after surgery, and the SCCA levels returned to 0.3 µg/L as normal (reference range: <1.5 ng/mL).

Patients are advised to come to the gynaecological clinic regularly for reexamination.The HPV test and the SCCA level test are both screening indicators for cancer in vaginal fractures or the cervix. In addition to patients with previous HPV infections and abnormally elevated SCCA, follow-up management should include these two basic tests. Ultrasound scan of gynecology can find out whether there is abnormal pelvic cavity or mass recurrence. Therefore, outpatient management will include close monitoring of the HPV test, SCCA level and ultrasound.

**Comment 4:** *The final follow-up was January 1, 2019 – it is unnecessary to state the exact date – the follow-up should be given in months, days...*

**Response:** We thank the reviewer for your advice, we made modifications in the manuscript. The final follow-up was 42 months.

**Comment 5:** *The major concern of the manuscript is the discussion, which is unfocused, presented in a form of a literature review comparing two kinds of hysterectomies in the context of cervical stump diseases. The discussion, as it is written could be used for another separate manuscript, if the authors wish to make the review on cervical stump diseases. I would suggest to the authors to rewrite the discussion and direct it towards the specific problems and issues relating to their case. Please omit the sentence about the first case in your department – it is irrelevant to the rest of the world.*

**Response:** We thank the reviewer for this constructive suggestion.The reviewer pointed out that the discussion in our manuscript was not focused, and suggested that we should direct it towards the specific problems and issues related to our case. After our careful consideration, we deleted the review on cervical stump diseases. We focused on diagnosis and treatment of cervical stump disease and presented in a form of a literature review comparing two kinds of hysterectomies in the context of cervical stump diseases in our discussion sections.

We also deleted the sentence about the first case in our department in the discussion according to the suggestion of the review.