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Dear Professor Tang,

On behalf of all authors, I am deeply grateful to you and the reviewers for the expertise comments and suggestions on how to improve our manuscript entitled “Malignant glomus tumor of the intestinal ileum with multiorgan metastases: a case report and literature review.” Based on the reviewers’ comments, we revised our manuscript, all the revisions were highlighted in the revised manuscript with track changes and cited in this response letter.

We revised the manuscript and responded to questions and comments point-by-point as follows:

Reviewer #2 (Reviewer’s code: 05099091)

1. In my opinion, the hemoglobin unit (in page 4) usually be gram/deciliter (g/dl).

Thanks for the reviewer’s suggestion, we have corrected the faults in the manuscript. **(line 50)**

2. Could you provide more information about staging study in this case after the first diagnosis of malignant glomus tumor from the first surgery. This is quite important information to determine the patient’s prognosis.

Thanks for the reviewer’s suggestion. Before the first surgery, the patients experienced contrast computed tomography, upper gastrointestinal endoscopy, colonoscopy, and capsule endoscopy

examination, no suspicious lesions in adjacent tissues, lymphatic metastasis and distant metastasis were found. The histological examination revealed that the tumor cells extended to the muscularis propria with vascular invasion. We searched the related literatures, and didn't find the detailed staging standard for glomus tumors. **(line 51-53, 56-57)**

3. Mitotic activity 400/50 HPFs is quite unusual, and it is not consistent with the H&E pictures (I totally agree that it showed malignant mesenchymal tumor, but 400/50 is quite impossible). Could you please check again? Moreover, I think cytologic atypia (in page 5) supposed to be “nuclear atypia”.

Thanks for the reviewer's expertise suggestions. We have carefully checked the H&E pictures, the nuclear atypia was $>5/\text{HPF}$ ($200\times$), and we have marked in the Figure2 and make the revision in the manuscript **(line 57, 58)**. We have modified the “cytologic atypia” to “nuclear atypia” in the revised manuscript. **(line 58, 111, 220)**

4. In page 8, the original article of Folpe et al. was published in 2001. There are a little modification about atypical glomus tumor classification from WHO Classification of Tumors of Soft Tissue and Bone, and Enzinger and Weiss's Soft Tissue Tumors that worth to be mentioned, if possible.

Thanks for the reviewer's expertise suggestions. We have added the new classification of glomus tumor recommended in the WHO Classification of Tumors of Soft Tissue in the revised manuscript. **(line 109-111)**

5. Even you have English editing certificate for this manuscript, it has a lot of language errors, for example, his family (supposed to be “her”) in page 6. Please check and rectify.

Thanks for the reviewer's suggestions. We have submitted our manuscript to AJE for further edition, and we wish reedited manuscript will meet our requirement. All the revisions were highlighted in the revised manuscript with track changes.

Reviewer #3 (Reviewer's code:02729532)

1. Did the patient give history of 'RADICAL' mastectomy?

Thanks for the review's suggestion. The patient had a known history of modified radical mastectomy of the left breast (**line 48**).

2. In page 6, the patient is referred to as 'his' and not 'her'

Thanks for the reviewer's suggestion, we have modified the faults in the manuscript. (**line 74, 76**)

3. The References section needs editing to standardize the format like VANCOUVER or other accepted style.

Thanks for the reviewer's suggestion, we have modified the format of the references sections according to the reviewer's suggestion.

We hope that our revised manuscript will meet your expectations. Thank you again for your expertise suggestions and comments.

Best regards

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