Dear Prof. Jin-Zhou Tang:

We would like to thank you for your help with this manuscript (54083) and thank the reviewers for professional comments. We sincerely appreciate for your careful reading and invaluable comments to improve this manuscript. We have revised the manuscript according to the comments and suggestions of reviewers, and replied point by point to the comments as listed below. All the changes have been highlighted in the text by red color. The revised manuscript has been edited and proofread carefully. All authors have read and approved the final revised version.

We hope that the revised version of the manuscript is now acceptable for publication in ***World Journal of Clinical Cases (WJCC)***.

We look forward to hearing from you soon. If you have any queries, please don't hesitate to contact me at the address below.

Best Regards.

Yours sincerely,

Yan Tan

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Responses to comments from reviewers

Replies to Reviewer:

Reviewer #1:

1. Title: Apt Abstract: Satisfactory Introduction: Good Case report: well written Discussion: Covers the importance of the case report quite well. Tables and figures are quite good.

Re: We appreciate your positive evaluation of our work.

2. Few grammatical errors need to be corrected.

Re: We apologize for the mistakes in the manuscript. They have been amended in the revised manuscript and we carefully checked the entire manuscript. Also, the entire manuscript had been language edited by a native English-language speaker before we sent it to the editorial office. The language editing proof will be uploaded together with the revised version.

Reviewer #2:

1. Well written manuscript.

Re: Thank you very much for your careful review.

2. How is the follow up of patient? (https://doi.org/10.1111/tbj.13174) and (DOI: 10.21802/gmj.2019.2.11), I suggest this uptodate studies for the references.

Re: Thank you very much for your suggestion. According to the two references you recommended, we have amended at " *OUTCOME AND FOLLOW-UP* " part in the revised manuscript as the following:

During six-month follow-up, the mass disappeared and the serum HCG level gradually decreased to normal level, and there was no complaint of the patient.

Reviewer #3:

1. Case summary: "Uterine arterial embolization was performed to address intraoperative and postoperative bleeding." instead of address i think you need to use another verb here.

Re: We agree with the comment. Following your suggestion, it has been stated as " **control** " in the revised manuscript.

2. Lab ex: "Then the patient underwent seven cycles of chemotherapy with 5-Fu and KSM" would be better to add the time period (i.e. once a week/) of cycles here.

Re: We greatly appreciate your help to make an improvement to this paper. We re-wrote the sentence in the revised manuscript as the following:

Two weeks later, the patient underwent seven cycles of chemotherapy with 5-Fu and KSM once every three weeks.

3. TREATMENT: "The patient underwent a suction evacuation under ultrasound guidance." what is the medical device you used for this, for ex: "XX french karmen cannula or aspirator)

Re: Thank you and a reasonable suggestion. The sentence was re-wrote according to suggestion by the reviewer as the following:

The patient underwent a suction evacuation using the No. 8 suction tube (MKL, Suzhou, China) under ultrasound guidance.

4. During that massive bleeding what is the hgb level of the patient before and after the ES replacement? It would be better to give more details about UAEmb.

Re: We appreciate your careful review and insightful suggestion. We have re-wrote this part according to your comments in the revised version as the following:

Also, emergency uterine arterial embolization was performed to control active bleeding. The Seldinger technique was applied to puncture and catheterize the bilateral internal iliac arteries through the right femoral artery, and the procedure

was performed under local anaesthesia. Angiography confirmed the vessels was uncomplete, tortuous and disordered. Thus, superselective embolization of both uterine arteries was performed using gelatin sponge granules. Postembolization angiography showed no obvious bleeding. The hemoglobin level was 22 g/l and 48 g/l before and after the embolization, respectively.

5. Did you use any folley catheter like baloon to stop bleeding?

Re: Thank you very much for your careful reading. Actually, we used folley catheter balloon to stop bleeding during the surgery, and the sentence has been amended to "*Therefore, the patient was infused with concentrated erythrocyte 4U and fresh frozen plasma 400 ml, and Foley catheter balloon was used to restrain blood loss for more than 10 minutes*".

6. At discussion part it would be better to make comparision with other 5 cases at the literature with your case (what are the differences and similarites).

Re: We appreciate your critical comment and insightful suggestion. According to the comment, we have made comparision with other 7 cases at discussion part as the following. In addition, we have made a table at our manuscript **(Page 13)**, which includes detailed clinicopathological features of these cases.

Among these cases, all patients had at least two prior uterine curettages. The concentration of HCG/β-HCG also increased abnormally. The clinical manifestations were not fully identical, but the most common symptom was vaginal bleeding for more than one month (6/8 cases, 75%). Other presentations include symptoms of pregnancy, abdominal pain, and amenorrhea, only one patient was asymptomatic on admission. In treatment, two cases were treated with suction evacuation, one case was managed with MTX, one case was treated with MTX and hysterectomy, two cases were cured by suction evacuation and uterine arterial embolization, one case was treated by hysterectomy and our patient was treated with suction evacuation, uterine arterial embolization, and chemotherapy. In all cases, except for one patient who was lost to follow-up, the levels of HCG/β-HCG returned to normal and no

corresponding complications occurred.

7. At introduction part it would be better to give brief info about cesarean scar pregnancies.(Sel G, Sucu S, Harma M, Harma Mİ. Successful management of cesarean scar pregnancy with vacuum extraction under ultrasound guidance. Acute medicine & surgery. 2018 Oct;5(4):358-61.)

Re: We deeply appreciate your suggestion. According to the comment, we provided more details to describe cesarean scar pregnancy in the introduction as the following:

Cesarean scar pregnancy is a rare type of ectopic pregnancy, which means the gestational sac is implanted in the myometrium at the site of a previous cesarean section.

8. At case or discussion section you can write about your differential diagnosis like (Sorbi F, Sisti G, Pieralli A, Di Tommaso M, Livi L, Buccoliero AM, Fambrini M. Cervicoisthmic choriocarcinoma mimicking cesarean section scar ectopic pregnancy. Journal of research in medical sciences: the official journal of Isfahan University of Medical Sciences. 2013 Oct;18(10):914).

Re: We thank you for your constructive advice. We have dealt with the issue raised carefully. As advised by the reviewer, we have added the differential diagnosis at our discussion part in the revised version as the following:

Gestational trophoblastic disease (GTD) includes the tumour spectrum of hydatidiform mole (complete and partial), invasive mole, choriocarcinoma and placental-site trophoblastic tumour. Recently, the majority of all the reported cases of cesarean scar GTD are molar pregnancy, only two cases of cesarean scar choriocarcinoma have been described. Sorbi F et al. reported a case of cervical choriocarcinoma, that had been misdiagnosed as a cesarean scar ectopic pregnancy in 2013. The patient was admitted to hospital for irregular vaginal bleeding of 10 days duration and sovrapubic pain. Qian et al. revealed a second case of cesarean scar choriocarcinoma, which was also misdiagnosed as a normal cesarean scar pregnancy in 2014. The patient complained amenorrhea for 47 days and irregular vaginal bleeding for half a month.

While its rarity, clinical signs and symptoms are non-specific, these lessons highlight the importance of early consideration of choriocarcinoma when suspicion of a GTD in the cesarean scar.

9. For cesarean scar GTD you can also use these references -Qian ZD, Zhu XM. Caesarean scar choriocarcinoma: a case report and review of the literature. European journal of medical research. 2014 Dec 1;19(1):25. -Jin FS, Ding DC, Wu GJ, Hwang KS. Molar pregnancy in a cesarean section scar of uterus. J Med Sci. 2011 Aug 1;31(4):173-6. -Kaluarachchi CI, Tissera AJ, Karunarathna SG. Caesarean scar site complete molar pregnancy. Sri Lanka Journal of Obstetrics and Gynaecology. 2013 Oct 20;35(2).

Re: Thank you very much for your careful reading and kind suggestions. We have introduced the recommended research findings which were even not mentioned in the previous review. Moreover, the data and table at our discussion section have also been amended in the revised manuscript.