Reviewer #1:

Specific Comments to Authors: The present study describes the various findings of a case of LPRM with atypical cystic solid features in a man (36yrs) who presented the common clinical signs and symptoms of the disease, as well as CT and MRI features. Some uncommon imaging findings, such as multiple cysts of nonuniform size and thin wall around the solid part, were also observed that might increase misdiagnosis rate. The definitive diagnosis of LPRM relied on histopathological findings. The study is interesting since it provides information on a rare form of neoplasm. However, the m/s requires language revision (grammar, syntax and typo errors).

Response: We thank the reviewer for comments. We have found a friend who is native-English speaker helping us editing the manuscript. If necessary, we will use language editing services again in the last revision.

Reviewer #2:

Specific Comments to Authors: it is an interesting case, some comments are mentioned below: 1- the figures need annotations, scale bar, color blindness safe mode, magnifications, and insets. 2- language needs polishing.

Response: We thank the reviewer for comments.

1.We add annotations, scale bar in the fig1 and fig2. About "color blindness safe mode", there are no red and green colors in the figures we have provided.

2. We have found a friend who is native-English speaker helping us editing the manuscript. If necessary, we will use language editing services again in the last revision.

Reviewer #3:

Specific Comments to Authors: This is a case report written in detail about a rare tumour. Yet, the flow-chart of the manuscript does not let the readers

to discuss about the differential diagnosis. It goes as: The tumour was observed in MRI, resected and here are the pathology results.

Response: We thank the reviewer for comments.

We add more details and differential diagnosis

1. "Due to the aforementioned imaging findings, differential diagnosis mainly included malignant meningioma, while the possibility of metastatic tumor and primary solitary intracranial malignant melanoma could not entirely be excluded" in " ***Imaging examinations*".**

2. Add "*Imaging expert consultation*"

"Long-Sheng Wang, MM, chief of radiology, Department of radiology, The Second affiliated hospital of Anhui Medical University

A diagnosis of malignant tumor was suspected. The unclear boundary with adjacent brain issue and heavy peritumoral edema of the mass in CT and MR imaging make it tend to be more aggressive and higher grade.

Wen-Jun Yao, MD, PhD, associate chief physician, Department of radiology, The Second affiliated hospital of Anhui Medical University

With regard to this case, radiologic findings were more fit to meningioma due to the present of dural tail and significant enhancement. But the present of heavy peritumoral edema and unclear boundary were different from typical imaging characteristics of benign meningioma. So, the diagnosis of meningioma (WHO grade II or higher) was suspected. Meanwhile, the possibility of metastatic tumor and primary solitary intracranial malignant melanoma could not entirely be excluded. However, the peritumoral multiple cystic with nonuniform size and thin wall does not tend to be necrosis, which does not fit the aforementioned tumors. The preoperative diagnosis is challenging. "

4.Add" ***Final diagnosis:*** The final diagnosis of the presented case is Lymphoplasmacyte-rich meningioma (LPRM)."

5. Add the following content in "**DISCUSSION"**

(1) "Of note, the dural tail is not pathognomonic for meningioma and may also be seen in metastases or hemangiopericytomas, but is frequently useful in distinguishing meningioma from other lesions where it is absent"

(2) " Although less common, peritumoral edema on T2 and T2-FLAIR imaging may also be seen, particularly in secretory meningioma subtype and in more aggressive meningiomas that invade the brain."

(3)" Therefore, it is often misdiagnosed as malignant tumors, such as metastatic tumor and primary solitary intracranial malignant melanoma. Metastatic tumor most often emerge in older people, a history of malignancy in other sites of the body, heavy peritumoral edema, and often occurs in the the junction of the cortex and medulla. Primary solitary intracranial malignant melanoma usually presents high-density on the precontrast CT, hyperintensity on T1-weighted images and hypointensity on T2-weighted images, which is similar to the solid part of our case."

To editor:

Response: We thank the editor for comments.

1. **Language:** We have found a friend who is native-English speaker helping us editing the manuscript. A language editing certificate issued by MedE was provided. If necessary, we will use language editing services again in the last revision.
2. **Figures:** About "color blindness safe mode", there are no red and green colors in the figures we have provided.
3. **Reference:** We have revised the reference carefully and update it. Now, there are 24 references cited, and 7 references published in the last 3 years. We have provided the PMID and DOI numbers to the reference list, except the reference "8 "and "13". We cannot find the DOI number of the reference "8 "and "13".

Reviewer 1:

Specific Comments to Authors: The manuscript has been revised by the authors, following mainly the suggestions of the reviewers. Some sentences have been incorporated in the text in a targeted manner to improve the presentation of the study. However, there are remaining some points in revised version requiring the attention of the authors. 1. There are no figures submitted in the revised form, although there are the legends, being the same as in the initial form of the manuscript. However, Figure 1 was submitted as supplementary material. 2. Lines 186 & 188: There are two sequential sentences starting with "In our case". 3. Lines 96-113: Include the opinion or the consultation of experts without the name of the consultant. Moreover, since both consultants are authors of the manuscript, their opinion should be written in one paragraph. 4. Line 140: replace "is" with "was". 5. The section "CONCLUSION" is written two times.

Response: We thank the reviewer for comments.

1. We have added the figures containing annotations and scale bar at the end of the manuscript.
2. We have deleted one of the "In our case" in line 188.
3. We have deleted the name of the consultant, and merged the opinions of two consultants in one paragraph.
4. We have replaced "is" with "was" in Line 140.
5. We have deleted one of the section "CONCLUSION".

Reviewer 2:

It is good now for publication but still language needs editing. some corrections are present i9n the uploaded file

Response: We thank the reviewer for comments. We have modified the inaccuracy according to the uploaded file.