

Dear Editors and Reviewers:

On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript, we appreciate editor and reviewers very much for their positive and constructive comments and suggestions on our manuscript entitled "Endometrial stromal sarcoma extending to the pulmonary artery: A rare case report". (ID: 56285). We have read comments carefully and have made correction which we hope meet with approval. Based on your thoughtful comments, we have tried our best to improve the manuscript quality, and made some revisions in the manuscript accordingly.

1. Postoperative transthoracic echocardiography and the enhanced CT images in recent follow up.
2. The layout of the manuscript was slightly adjusted.
3. For the language problems, we invited native English user to make modification and polish.

The responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1:

1. The whole of manuscript, including the "abstract" section, is difficult to read, because of poor English quality. The authors should make their manuscript to be checked again by a native English checker.

Response: We are very sorry for our negligence of language quality. A native-English speaker has edited the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability.

2. The authors should add information of vital sign (blood pressure, heart rate, respiratory rate, O<sub>2</sub> saturation) and ECG. In addition, after the surgery, had pulmonary hypertension improved? The authors had better add any information about it, if possible.

Response: We have added the information of preoperative vital sign, ECG. We also provided the postoperative transthoracic echocardiography and the follow-up enhanced CT images. The postoperative transthoracic echocardiography revealed pulmonary hypertension improved after surgery.

3. The authors mentioned that the patient was in good condition? Was it true? "Her condition had been stable or without any trouble" was right?

Response: The patient recovered well and was discharged 20 d after the operation. The enhanced CT in recent follow-up showed no sign of recurrence.

4. The authors had better provide any information regarding the follow-up after the first surgery, if possible.

Response: we have provided the postoperative transthoracic echocardiography and the enhanced CT images in recent follow-up.

Special thanks to you for your good comments.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes would not influence the content and framework of the paper. Now we would like to resubmit our revised manuscript.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

Yours sincerely,

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