

Dear Sir or Madam

I'm grateful for the careful review.

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: The authors presented a very rare and interesting case, which reminds the importance of accurate diagnosis. 1. The incisal margin should be specified in the description of the second surgery. How to make sure a complete resection? 2. The patient remained free of recurrence for 24 months, so a follow-up picture to show the final appearance is recommended.

Response: Thank you for your comments.

1. We added the status of the resection margin in "FINAL DIANOSIS", as following: **The histopathologic results after 2<sup>nd</sup> surgery showed free resection margins on the left-side specimen and positive margins on the right-side specimen. The positive resection margin was close to the right ischium.**

All specimens were removed, including affected muscles. At the time of the second operation, the disease on the right side was more severe, and we could no longer excise the area close to the ischium. We further explained to the patient's family during the surgery, but the patient and his family only wanted to remove the mass.

2. Authors added MRI images that the patients underwent after 24months as Figure 5.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: The study deals with an interesting a case of mucinous

adenocarcinoma associated with chronic hidradenitis. It is a condition that is difficult to diagnose, and the surgeon must be aware of this in cases of suppurative hidradenitis with long-term follow-up. The manuscript is well written, and I have some comments to make. The authors should discuss about the possibility of the immunohistochemistry tests also identify apocrine gland's epithelium. That aspect could explain the positive tests they found and justify the hypothesis of hidradenitis origin of the neoplasia. The "acknowledgement" section was left empty, without anything written. The figures and tables are informative and aesthetically pleasing. It would be very interesting if the authors would provide a schematic figure with the steps for the V-Y flap operation. Overall, the manuscript presents sufficient quality to be published in this journal.

Response: Thanks for your comments. First, the authors know that there is a way to stain the apocrine gland epithelium. However, the dyeing reagent is not available and is not covered by national health insurance in Korea. When Dr Gu, pathologist, looked at the specimen again, she found that the abscess cavity was related to the skin. She thought that the patient's specimen was closer to HS clinically. We didn't add it to the discussion because there was no result of the test.

We looked for photos to show the process of the V-Y flap operation. However, there were no photos. The authors are very sorry.