



**The First Affiliated Hospital of Guangxi Medical University**

Pro. Jin-yuan Liao,

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Dear Pro. Dennis A Bloomfield,

Thank you for your email and the reviewer's comments concerning our manuscript entitled "Multiple ectopic goiter in the retroperitoneum, abdominal wall, liver, and diaphragm a case report and literature review" (ID: 58462). We thank the reviewer for the very helpful comments. We revised the manuscript according to the recommendations. We provide below with a brief "List of changes" in the revised manuscript, followed by our answers to the referee's comments.

List of changes:

1. P11, we add the text," Radiologically, ectopic thyroid...in T1-weighted and T2-weighted images."
2. We added references [40], [41], and [42].
3. We modified all references [1-42].

Detailed reply to reviewer's comments:

Comment 1: Please cancel all subheadings in CASE PRESENTATION section and

integrate the text. .

Response to comment 1: The subheadings in CASE PRESENTATION section match with author's guidelines, so we did not delete the subtitle and integrate the text.

Comment 2: Please add in discussion section some differential diagnosis, according to imaging findings, and add these references: - Cencini E, Fabbri A, Guerrini S, Mazzei MA, Rossi V, Bocchia M. Long-term remission in a case of plasmablastic lymphoma treated with COMP (cyclophosphamide, liposomal doxorubicin, vincristine, prednisone) and bortezomib. *Eur J Haematol.* 2016;96(6):650-654. doi:10.1111/ejh.12732 - Mazzei MA, Bettini G, Pozzessere C, et al. A solitary uterine relapse in T-cell Acute Lymphoblastic Leukaemia: CT features and pathologic correlation. *J Biol Regul Homeost Agents.* 2016;30(3):871-875.

Response to comment 2: We agree with the referee that some reviews on adding in discussion section some differential diagnosis, according to imaging findings, were necessary. We have now cited the proposed above into our revised manuscript. The revised content in our manuscript now reads:

Radiologically, ectopic thyroid in our case, associated with multiple sites and lesions in abdomen, was difficult to differentiate from hematological diseases- lymphomas or leukemia. Additionally, multiple enlarged lymph nodes in abdomen were typical manifestations of lymphomas or leukemia, which were limited to multiple round or oval soft tissue in certain area at the preliminary stage. When it came to the disease progresses, it manifested retroperitoneal space, mesenteric, superficial lymph node enlargement, and

even involving liver, spleen<sup>[40]</sup>, as well as to pelvic organs, such as uterus<sup>[41]</sup>. Lymphomas or leukemia usually depicted homogeneous low-density lesions on CT imaging, with mild to moderate enhancement. But, ectopic thyroid showed the high density on CT imaging. In addition, the density of lymph nodes with necrosis might be heterogenous. In lymphomas, MRI features were low signal intensity of relative fat and slightly high signal intensity of muscle on T1WI. On T2WI, the signal intensity of relative fat was equal or slightly lower, and that of muscle was high signal intensity. DWI showed characteristic homogeneous high signal intensity<sup>[42]</sup>. However, ectopic thyroid manifested equal intensity or slight hyperintensity in T1-weighted and T2-weighted images.

The corresponding references are:

[40] **Cencini E**, Fabbri A, Guerrini S, Mazzei MA, Rossi V, Bocchia M. Long-term remission in a case of plasmablastic lymphoma treated with COMP (cyclophosphamide, liposomal doxorubicin, vincristine, prednisone) and bortezomib. *Eur J Haematol* 2016; **96**(6): 650-654 [PMID: 26715026 DOI: 10.1111/ejh.12732]

[41] **Mazzei MA**, Bettini G, Pozzessere C, Guerrini S, Defina M, Ambrosio MR, Aprile L, Bocchia M, Volterrani L. A solitary uterine relapse in T-cell Acute Lymphoblastic Leukaemia: CT features and pathologic correlation. *J Biol Regul Homeost Agents* 2016; **30**(3): 871-875 [PMID: 27655514]

[42] **McCarten KM**, Nadel HR, Shulkin BL, Cho SY. Imaging for diagnosis, staging and response assessment of Hodgkin lymphoma and non-Hodgkin lymphoma. *Pediatr Radiol* 2019; **49**(11): 1545-1564 [PMID: 31620854 DOI: 10.1007/s00247-019-04529-8]

We thank the reviewer and remain at your disposal for any further questions.

Yours sincerely,

A handwritten signature in black ink, consisting of the Chinese characters '廖锦元' (Liao Jinyuan) in a cursive style.

Jinyuan Liao, MD, The First Affiliated Hospital of Guangxi Medical University,

No.6 Shuang-yong Road, Qing-xiu District, Nanning, China

[liaojinyuan@gxmu.edu.cn](mailto:liaojinyuan@gxmu.edu.cn)

Phone: +86 13977183965