

Very interesting case. The pathology of leiomyoma is characterized by intersecting spindle cells with rich cytoplasm, and the malignant potential is low. In immunohistochemical examination, the specific signs of leiomyoma are diffuse positivity for desmin and smooth muscle actin, and negativity for CD34 and CD117. Abdominal CT and EUS can diagnose most upper gastrointestinal leiomyomas, but there are still some difficulties in the diagnosis of atypical lesions, which can easily be misdiagnosed as stromal tumors and other malignant lesions. In this case, the CT and endoscopic findings of this case were close to those of stromal tumors. However, through EUS-FNA examination, the final diagnosis was leiomyoma. The follow up data is missing, please add it. And a minor editing is required.

In this study, the authors reported a case of large esophageal leiomyoma. This case is rare and very interesting. The CT and endoscopic findings of this case were close to those of stromal tumors. However, through EUS-FNA examination, the final diagnosis was leiomyoma. The case is very well described, and the figures are very informative. In my opinion, this manuscript can be accepted for publication after a minor editing.

Thank you for your letter concerning our manuscript entitled "**Large leiomyoma of lower esophagus diagnosed by EUS-FNA: A case report**"(NO.: 59078). The article has been revised according to the Reviewer's opinion.

1. The follow up has been filled in the article.
2. The "Author Contributions" has been filled in the article.
3. The approved application form is uploaded.
4. The original figure documents is uploaded.
5. References have been added PMID and DOI numbers.

We hope that the correction will meet with approval and publication.

Yours sincerely,

Jungao Pu