

Round 1

Detailed responses to the reviewer' comments (Manuscript-60384)

We are grateful for the reviewers' comments and appreciate the valuable suggestions of the expert reviewers. Here we address the concerns of the reviewers, point by point.

1. In case presentation section : It should be emphasized that neither skin examination nor metastasis work up did not reveal any lesion. If the diagnosis is based on totally resected specimen, it is better to first describe the surgery process and then pathologic exam. The relation of the tumor with nerve roots (during surgery) should be mentioned . In histologic description nothing is written about mitosis or presence or absence of necrosis. Moreover, it is better to mention Ki67 proliferation index.

Response: We thank the reviewer for these insightful comments. In this case, the patient had no history or clinical manifestation of primary cutaneous or ocular lesion (line 110-111). We also rearrange the order of the surgery process and pathologic exam in the revised manuscript.

Additionally, the relation of the tumor with nerve roots is mentioned in the revised manuscript (line 91-92). No necrosis was seen in the tumor cells. Moreover, the Ki67 proliferation index is about 10-50% (line 106-107).

2. In discussion section, radiologic and histologic differential diagnosis should be discussed and if necessary , some other immunohistochemical markers should be tested to confirm the present diagnosis or exclude other differentials .

Response: We appreciate this comment. A brief discussion is included in the revised manuscript (line 134-141). Besides, the immunohistochemical staining also showed that the intramedullary malignant melanoma was p53 positive.

3. *The abstract in the file and the one on the site are different.*

Response: We are sorry for this mistake in the previous submission. We have corrected it in the revised manuscript.

Round 2

Detailed responses to the reviewer's comments (Manuscript-60384)

We are grateful for the reviewer's comments and appreciate the valuable suggestions of the expert reviewer. Here we address the concerns of the reviewer, point by point. 1. I would like to thank you for considering the comments. However, regarding the second comment about histological and radiological differential diagnoses, still there is no discussion about histological differential diagnosis and utility of various immunohistochemical markers in this regard (for example metastatic carcinoma, epithelioid schwannoma,..). Response: We thank the reviewer for these insightful comments. We add a short discussion about the differential diagnosis of primary intramedullary melanoma in the revised manuscript (line 149-161). 2. Moreover, lines 149-153 about imaging findings are nearly repeats of line 137-140 and can be modified. Response: We appreciate this comment. In the revised manuscript, we modified the content as suggested (line 137-143). Sincerely yours, Daming Zuo School of Laboratory Medicine and Biotechnology, Southern Medical University, Guangzhou, Guangdong 510515, P.R.China.