

Dear Reviewer,

Thank you very much for taking your time to review our manuscript and providing us comments. Our answers are appended below. As you indicated that no revision is needed, we did not add our answers to your questions in the revised manuscript. We only added authors contribution to the manuscript, as suggested by the editor.

Scientific quality: Grade A (Excellent) – Thank you.

Language quality: Grade A (Priority publishing) – Thank you.

Conclusion: Accept (High priority) – Thank you.

Specific comments to the authors: The review was a comprehensive explanation of plexiform fibromyxoma for pathologists. The differential diagnoses of PF from other malignant lesions based on histologic and molecular are important for its determine the follow treatment. The quality of the review is high. No further revision is needed.

– Thank you very much!

There are still two questions for the authors: How can we diagnosis PF accurately preoperative? Does endoscopic ultrasound play a role?

– The only way of making a correct diagnosis of PF preoperatively would be by tissue sampling (such as biopsy) and performing immunohistochemistry and special stains. We have limited data on clinical and imaging presentation of PF, but it appears that it is nearly impossible to distinguish GIST and PF on clinical/imaging grounds. Thank you for your questions.

Due to the benign potential of PF, surgical resection may not be necessary. Does PPIs take effect to treat ulcer caused by PF?

– If PF diagnosis can be reliably made based on biopsy, we agree that watchful waiting may be a viable option for asymptomatic patients. To the best of our knowledge, there are no studies addressing the role of PPIs on mucosal ulcer caused by PF. We speculate that as the ulcer in this case would be secondary to underlying mass lesion, PPIs would not control the ulcer. We found an anecdotal case report wherein a gastric PF patient was treated with PPI for dyspepsia, but the symptoms worsened, and the mass (PF) was subsequently resected [S Banerjee et al. Gastric Plexiform Fibromyxoma. Journal of Gastrointestinal Surgery 2019;23:1936-1939], supporting our speculation. Thank you for your questions.