

Dear Editor:

Thank you for your kind letter of "World Journal of Clinical Cases Manuscript NO: 65544 – Notification on manuscript revision" on April 05, 2021. We revised the manuscript. in accordance with the reviewers' comments, and carefully proof-read the manuscript. to minimize typographical, grammatical, and bibliographical errors. We would like to thank the reviewers for thoroughly reviewing our manuscript and making many thoughtful comments. We were very pleased to see that all three reviewers recognized the significance of our work. We attach great importance to these valuable opinions, and have revised the manuscript to address reviewers' comments. Here are our point-by-point responses:

Reviewer #1:

Comment 1:

"In this case no biopsy was taken in the gastroscope. Please, justify or explain the reason. If you had not histological diagnosis before the surgical operation, the diagnosis based on CT is not a definitive one (only suspicion). Then I think you have to change this in the sentence: According to these data, the diagnosis of a gastric stromal tumor was made (lines 83 and 97), and will be convenient to expose the differential diagnosis before the surgical approach."

Answer:

Thank you very much for your valuable suggestions. Biopsy was not performed since the lesion was found under the mucosa and the gastric mucosa appeared normal (lines 36-38), moreover, considered that gastric stromal tumors originate from the muscularis propria, it was difficult to obtain effective specimens under endoscopy, so there is no biopsy. However, we think the sentence you gave us is correct, however, due to my personal reasons, I don't understand this sentence "and will be convenient to expose the differential diagnosis before the surgical approach" very clearly, so I didn't add it to the article. If possible, I hope I can learn from you again. Thank you.

Comment 2:

Conclusion (line 30): It has to be shortened.

Answer:

Thank you very much for your valuable suggestions. Thanks to your reminder, we are aware of this important issue and we have refined the original 80 words into 34 words (lines 44-48).

Comment 3:

The comments about a restrictive test as SPIO-MRI probably are not part of the conclusions of this case report

Answer:

What you said is reasonable, and we have deleted the content about SPIO-MRI in the conclusion.

Comment 4:

Key words (line 40): One of the key words that has to appear is Case Report. Please add it. History of past illness (line 70): You have repeated this subsection. Please change it by Personal and family history.

Answer:

Thank you for your seriousness. I have added "Case Report" to the key words and added Personal and family history.

Comment 5:

I think that will be interesting to know authors' ORCID numbers. Please check the references according to the guideline (number of authors, PMID, DOI), to do easier the peer review work.

Answer:

I seriously revised the format of the references. However, I am so sorry that even if I tried my best to find the literature, but the DOI of some articles cannot be found.

Thank you again for your hard work. In order to make it easier for you to read this article, I resent the whole article to the language editing agency for revision. I hope you can have a good experience. Thank you very much.

Reviewer #2:

Comment 1:

The Authors present a rare case of splenosis mistaken for gastric stromal tumor and successfully treated with laparoscopic resection. The case is interesting and well-written, the problems of differential diagnosis are discussed. Minor point: The Discussion is too long and should be shortened, especially the section regarding the potential use of SPIO-MRI and EUS -FNA.

Answer:

Thank you very much for your careful review and approval. For your question, I think it makes sense. Therefore, I modified the discussion part, especially simplified the second paragraph of the discussion, deleted the detailed introduction about SPIO-MRI. Regarding EUS-FNA, it seems that there is not much description in the discussion ("the commonly used methods are EUS-guided fine needle aspiration biopsy and laparoscopic exploration") and it is difficult to simplify it. However, we have refined the whole discussion. Finally, I reduced the discussion part from 1100 words to 773 words. The evaluation of language quality is Grade B. In order to make it easier for you to read this article, I resent the whole article to the language editing agency for revision. I hope you can have a good experience. Thank you very much.

Reviewer #3:

Comment 1:

There are too many words in the full text. It is suggested that some unnecessary contents should be deleted in the discussion part.

Answer:

Thank you very much for your valuable suggestions. I think what you said is very correct. I have modified the discussion part of the article, including deleted some of the content about SPIO-MRI, and some useless sentences in the discussion, and polishing the language again to make the article read easier to

understand. Finally, I reduced the discussion part from 1100 words to 773 words.

Comment 2:

It is suggested that this part should be modified to analyze the etiology, symptoms, diagnosis, treatment and prognosis of this case. In this process, relevant literature can be used for comparison and discussion. The literature consistent with this case can be used as theoretical support, and the reasons for inconsistency need to be explained.

Answer:

I have made some changes to the content you suggested, and added relevant documents for discussion, such as "Reference 11". I understand that there are still many shortcomings, if possible, I hope you will read the article again, and I will make persistent efforts.

Comment 3:

It is suggested that the author should supplement the details of preoperative preparation, such as drug treatment (drug name, dose, usage, frequency and duration of medication), disinfection information (name, concentration and disinfection position of disinfectant), drug information used during general anesthesia (drug name and dose), intubation and blood loss during operation, and postoperative treatment, Including whether to transfer to ICU after operation, if transferred, can supplement ICU medication (name, dose, usage, frequency, duration of medication) and other treatment, ICU transfer out time; extubation time (if intubation exists); medication after transfer out of ICU (name, dose, usage, frequency, duration of medication) and patient's prognosis. The time of discharge, medication and other related medical orders were supplemented.

Answer:

Because the patient was not treated with medication before surgery, it was not mentioned. I added disinfection information: "After disinfecting the abdominal skin with 5g/L povidone-iodine solution", drug information used during

general anesthesia: " inhalational-intravenous anesthesia was maintained using cisatracurium besilate, propofol, dexmedetomidine, remifentanyl, and sevoflurane."; blood loss during operation:" Intraoperative blood loss was 25 ml."; as stated in the article" The patient recovered well after the operation and discharged on postoperative day 5"and " No recurrence was found during regular follow-up after operation", it stated that the patient was not transferred to the ICU; medication and other related medical orders were supplemented: "we used Sulbenicillin Sodiumto to prevent infection, replenished fluids and nutritional support, etc." Thank you.

Comment 4:

The references are too old. As a case report, it is suggested that more references from 2016 and beyond are more convincing.

Answer:

I think your suggestions are very valuable, after I read more documents carefully, I updated the references, there are 10 references from 2016.

Comment 5:

Case reports and literature analysis generally should not be too many references, mostly 10-15, please delete as appropriate.

Answer:

I have appropriately deleted the references, there are currently 18 references., because this is a literature review, I did not delete too many references. Thank you very much.

The evaluation of language quality is Grade B. In order to make it easier for you to read this article, I sent the whole article to the language editing agency again for revision. I hope you can have a good experience. Thank you very much.

Thanks again to the editors and reviewers for your hard work. I could not find the DOI of three articles (Reference 9,14,16), if it is necessary, I hope the editorial department teachers can contact me, I will try to solve this problem. I know

that I still have great defects in writing articles, but I will make persistent efforts to live up to the expectations of editors and reviewers. I try my best to revise this article, hoping to get the recognition of editors and reviewers, and give me such a once-in-a-lifetime opportunity to publish a valuable article.

Thank you for your consideration of our manuscript.

Yours sincerely,

Jian-Hua Xu