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Dennis A Bloomfield, FACC, FACP, FRACP, FRCP (Hon), MD, MRCP

Editor-in-Chief

World Journal of Clinical Cases

Dear Editor:

We wish to re-submit the manuscript titled “Intravascular papillary endothelial hyperplasia as a rare cause of cervicothoracic spinal cord compression: a case report and literature review.” The manuscript ID is 67203.

Thank you very much for the response we received from the journal, including comments from the reviewers. We have revised our manuscript according to the reviewers’ suggestions. Our changes to the text are tracked for easier assessment. Our responses to the reviewers’ comments are listed below in a point-by-point manner.

We hope the changes are satisfactory, and that the manuscript is now acceptable for publication.

Thank you for your consideration. We look forward to hearing from you.

Best wishes,

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Responses to Review Comments:

Reviewer #1:

Question 1:

In Abstract, Case SUMMARY, please change “A 27-year-old man presented with acute-onset neck pain and numbness and weakness in his extremities.” to “A 27-year-old man presented with acute-onset neck pain, numbness and weakness in his extremities.”

Response:

We appreciate your comment. We have changed “A 27-year-old male presented with acute-onset neck pain and numbness and weakness in his extremities” to “A 27-year-old man presented with acute-onset neck pain, numbness, and weakness in his extremities.”

Question 2:

Regarding the figures, it is recommended to enlarge the images of Figure 2. Please zoom in to improve the quality to be easier to read. The present images of Figure 2 are too small and very difficult for me to identify the lesion and delineate the normal structures. Orientation labels may be helpful.

Response:

We have magnified Figure 2. In addition, we used orientation labels to identify the lesion and normal structures.

Question 3:

Finally, I also suggest labeling the pathognomonic gross findings in Figure 2AB, and the pathognomonic histopathological findings in Figure 3AB

Response:

We have labeled the pathognomonic gross findings in Figure 2A. We also found and labelled two more typical pathologic images and the pathognomonic histopathological findings in Figure 3 (A and B).

Question 4:

I am happy to see that the informed written consent has been obtained. However, the content of the signed informed consent provided should be regarding the will of the patient and/or family to agree to publish his information in a medical journal, but not the consent to agree for the surgery.

Response:

We have provided a signed informed consent document stating the agreement of the patient and his family to publish the case in a medical journal.

Reviewer #2:

Question 1:

Case report should be in essay format and the non significant details should be removed.

Response:

We appreciate your comment. We have revised the manuscript and retained only significant details.

Question 2:

Instead of the heading multidisciplinary opinion can just write differential diagnosis.

Response:

We have changed the heading from “MULTIDISCIPLINARY EXPERT CONSULTATION” to “DIFFERENTIAL DIAGNOSIS”.

Question 3:

Was frozen section performed?

Response:

Yes. The mass was removed, and an intraoperative frozen section revealed that it was a benign neoplasm originating from blood vessels. We have added this detail in the

section of TREATMENT ("…and an intraoperative frozen section revealed a diagnosis of benign neoplasm originating from blood vessels.").

Question 3:

The compression seen on the MRI is not central. So I feel that the symptoms should have been predominantly on one side instead of bilateral. Your comments on it being bilateral What about the symptoms on the lower limb...due to compression in the cervical spine there should have been upper motor neuron signs on the lower limb.

Response:

Although the compression seen on MRI is not central, the mass was in the posterior left side of the dorsal spinal cord, compressing the cord, with the displacement of the spinal cord to the right, which may be the cause of the bilateral symptoms. This patient also had symptoms in the lower limbs (reduced skin sensation and muscle strength). The absence of upper motor neuron signs in the lower limbs may be related to the acute course of the disease, and only lower motor neuron signs presented in the early stage of the spinal cord compression.