

Dear Editor and Reviewers,

Re: Manuscript NO: 67275 and Title: Retroperitoneal Bronchogenic Cyst in the Suprarenal Region: A Case Report and Review of Literature

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Retroperitoneal Bronchogenic Cyst in the Suprarenal Region: A Case Report and Review of Literature" (Manuscript NO: 67275). Those comments are all valuable and very helpful for revising our manuscript, as well as the important guiding significance to our researches. We have studied comments carefully and have made corrections which we hope meet with approval. Revised portion are marked in red in the revised manuscript. The reviewers' original comments are cited in bold and italic, followed by our responses. The main responds to the reviewers' original comments are as following:

Reviewer #1:

1. I would appreciate if the authors add on a subtitle about the technique and details of the surgery.

Response: We gratefully appreciate for your valuable comment. The title have been added with the technique of the surgery. The revised title was "Retroperitoneal Bronchogenic Cyst in the Suprarenal Region with Laparoscopic Resection: A Case Report and Review of Literature" .

2. It has been mentioned that a laparoscopic technique was used. What were the port placements?

Response: Thank you for your comment. During the surgery, a 2.0 cm skin incision was made in the mid-axillary line 1.5 cm above the iliac crest and a laparoscope was placed through a 10 mm trocar in this site after the retroperitoneal space was established by a specific self-made balloon. In order to the placement of surgical instruments, two additional trocars (5 mm and 10 mm) were placed in the anterior and posterior axillary line below the inferior margin of the twelfth rib, respectively. It has been added to TREATMENT (revised manuscript with tracked changes, page 6, line 19 - line 22).

3. Any special considerations about the surgery that we should be aware of?

Response: Thank you for your comment. During the surgery, meticulous dissection and fine operation technique should be brought to the forefront to avoid the injury of the peritoneum and vessels. This part has been added to TREATMENT (revised manuscript with tracked changes, page 6, line 25 - line 27).

4. Specific positioning of the patient, or surgeon?

Response: Thank you for your comment. The patient was placed in left lateral position with the kidney rest elevated. The angle between long axis of the upper trunk of patient and long axis of the table was 20 to 30 degree. And surgeons were in the dorsal side of the patient close to buttocks. The above information has been added to TREATMENT (revised manuscript with tracked changes, page 6, line 22 - line 25).

5. If there is an intra-operative view that would be a nice addition to the article.

Response: We are thankful for your insightful comments, but also very sorry that we haven't found any intra-operative view after hard seeking. In addition, the surgeon added that a cystic lesion with a smooth surface was found in the left retroperitoneum in the surgery. And cystic wall was completely resected after intracystic fluid was suctioned. With thorough preoperative imaging and laboratory examinations, benign cystic lesions would be diagnosed confidently in the suprarenal region. Comparing to the laparoscopic surgery performed on other adrenal lesions, the surgery of retroperitoneal bronchogenic cyst (RBC) has a clearer surgical field as well as shorter operative time. Accurate preoperative diagnoses of RBCs based on thorough imaging examinations are beneficial to the operation of laparoscopic resection.

The above information has already mentioned in the Abstract (revised manuscript with tracked changes, page 3, line 14 - line 17, line 23 - line 25), TREATMENT (revised manuscript with tracked changes, page 6, line 27 - line 29), DISCUSSION (revised manuscript with tracked changes, page 8 line 25 - page 9 line 2) and CONCLUSION (revised manuscript with tracked changes, page 9, line 9 - line 11). Thanks again for your useful comments.

Moreover, we added the information of *Personal and family history and Physical*

examination to complete the patient's data, seen in the revised manuscript with tracked changes, page 5, line 18 - line 23.