

Dear Editor and Reviewer,

First, we would like to express our appreciations to the editor and the reviewer for the thorough revision and valuable comments on this manuscript. All comments have been carefully addressed in the revised version. We hope that with these modifications, this revised manuscript is qualified for publication to the World Journal of Clinical Cases.

Best Regards,

Dr. Chuanting Li

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: Authors reported a rare and interesting case of eustachian tube teratoma in a 48-year-old male patient who had a history of chronic otitis of the left ear from infancy and had already been operated on twice in which the diagnosis was confirmed by Computed tomography (CT) scan and magnetic resonance imaging (MRI). The mass was removed completely under general anesthesia. As of last follow-up (2 years post-surgery), the disease had not relapsed. Authors concluded that, when a long history of chronic otitis is encountered, combined with polyps in the tympanum and/or external auditory canal, a combination of CT and MRI is necessary pre-operation. STATUS: ACCETTABLE FOR PUBBLICATION PENDING MINOR REVISIONS General considerations: This is a CASE REPORT article. The work is interesting, the paper is very well-written, and there are not many similar cases described in the literature about this topic.

Abstract: the abstract appropriately summarize the manuscript without discrepancies between the abstract and the remainder of the manuscript.

We would like to thank this reviewer very much for appreciating this work.

However, in the abstract paragraph you wrote: "Computed tomography (CT) scan and magnetic resonance imaging (MRI) revealed a eustachian tube teratoma, composed of two parts". What do you mean "composed of two parts"? Please specify it.

Thank you for the comment.

That means that the eustachian tube teratoma in which the anterior lower part and posterior upper part were connected by a thin membranaceous tissue. We have thus modified this sentence in the manuscript as "Computed tomography (CT) scan and magnetic resonance imaging (MRI) revealed a eustachian tube teratoma, in which the anterior lower part and posterior upper part were connected by a thin membranaceous tissue."

Keywords: adequate. Reference: adequate.

Paper On some aspects, the authors should address:

1) In the imaging examinations paragraph, this sentence is redundant because similar to the next one: "The unenhanced computed tomography (CT) of the temporal bone showed some changes, including a soft tissue density lesion in the tympanum, without ossicular chain, which had resulted from the mastoidectomy". Please modify it.

Thank this reviewer for pointing this out.

We agreed with this comment and thus have modified this sentence as "The unenhanced computed tomography (CT) of the temporal bone showed some

changes, including a well-circumscribed, mixed density tumor with a fat density area in the ET; the lesion extended down to the left part of the tympanum and external auditory canal (Figure 2), without ossicular chain, which had resulted from the mastoidectomy.” in the revised manuscript.

2)In the imaging examinations paragraph, this sentence is redundant because similar to the next one: “The magnetic resonance imaging (MRI) showed a 3.2 cm × 1.3 cm × 2.0 cm mass of signal intensity similar to that of the fat on all sequences and with little cartilage signal”. Please modify it.

Thank this reviewer for pointing this out.

We agreed with this comment and thus have modified this sentence as “The T1- and T2-weighted magnetic resonance imaging (MRI) in the transverse plane showed a 3.2 cm × 1.3 cm × 2.0 cm, well-defined, homogeneous lesion with high signal intensity along the left ET. The mass showed signal intensity similar to that of the fat on all sequences and with little cartilage signal (Figure 3).” in the revised manuscript.

3)In the abstract and pathological results paragraphs, you wrote: “The mass consisted of two parts in the ET”. What do you mean “composed of two parts”? Please specify it.

Thank you for the comment.

That means that the eustachian tube teratoma in which the anterior lower part and posterior upper part were connected by a thin membranaceous tissue. We have thus modified this sentence in the manuscript as “The mass, in which the anterior lower part and posterior upper part were connected by a thin membranaceous tissue, was in the ET.”

4) In the discussion paragraph, provide a better definition of teratomas, dermoids and epidermoid lesion of head and neck, including an overview about cross-sectional imaging. You could consult the following article, which you should cite: -Smirniotopoulos JG, Chiechi MV. Teratomas, dermoids, and epidermoids of the head and neck. *Radiographics*. 1995 Nov;15(6):1437-55. doi: 10.1148/radiographics.15.6.8577967. PMID: 8577967.

We would like to thank this reviewer for providing this valuable reference. As suggested, we have cited this work and added the corresponding information in the revised manuscript:

“Mature teratoma is a true neoplasm composed of all three basic germ cell layers (ectoderm, mesoderm, and endoderm), which differs from dermoids and epidermoid^[4]”.

5) In the discussion paragraph, you wrote: “Most cases involve a midline or paraxial location, and the most common site is in the sacrococcygeal region (40%-60% of cases). Only 2%-10% of cases have involved the head and neck regions, especially the cervical and nasopharyngeal regions”. I think it would be interesting to briefly mention the role of ultrasound in the detection and characterization of neck lesions including teratomas. This is to underline the added value of ultrasound in the neck and the limitations in the head region. In this regard, I suggest the following article in which a site-specific differential diagnostic approach in the neck is also provided, which you have to cite: -Corvino A, Pignata S, Campanino MR, Corvino F, Giurazza F, Tafuri D, Pinto F, Catalano O. Thyroglossal duct cysts and site-specific differential diagnoses: imaging findings with emphasis on ultrasound assessment. *J Ultrasound*. 2020 Jun;23(2):139-149. doi: 10.1007/s40477-020-00433-2. Epub 2020 Feb 12. PMID: 32052384; PMCID: PMC7242578.

We would like to thank this reviewer for providing this valuable reference. As suggested, we have cited this work and added the corresponding information in the revised manuscript:

“US is an ideal initial imaging modality to investigate neck masses, as it reveals the solid or cystic nature in most cases and localizes the lesion in relation to surrounding structures^[14], but it has some limitations when applied to the temporal bone region.”

Figures: good. In Figure 2, you could add a soft tissue window. It would definitely be more appropriate.

Thank you for this comment. When we implemented this study two years ago, we unfortunately only acquired high resolution CT imaging for temporal bone but without soft tissue window included. However, we agree with this reviewer that an added soft tissue window would be better for Fig.2. Therefore, this information will be considered in our future study.

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical,

syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

As requested, we have sent the revised manuscript version for language editing again. The corresponding certificate has been shown as below:



CONFIDENTIAL
October 22, 2021

Certificate Service Confirmation

To Whom It May Concern,

Filipodia provided comprehensive editing services for **Manuscript NO: 68943 (Eustachian tube teratoma: A case report and review of literature)** by Li J-Y *et al.*, which is under consideration for publication in your journal. The edit has achieved Grade A: priority publishing: no language polishing required after editing.

Should you require any additional information, please do not hesitate to contact me.

Jennifer C van Velkinburgh, PhD
President and Chief Editor & Writer,
Filipodia Publishing, LLC

Email: bpg@filipodia.com

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

1 Scientific quality: The manuscript describes a case report of the eustachian tube teratoma. The topic is within the scope of the WJCC. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: The work is interesting, the paper is very well-written, and there are not many similar cases described in the literature about this topic. The questions raised by the reviewers should

be answered; (3) Format: There are 4 figures; (4) References: A total of 14 references are cited, including no references published in the last 3 years; (5) Self-cited references: There is no self-cited reference; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2 Language evaluation: Classification: Grade A. A language editing certificate issued by Filipodia was provided.

3 Academic norms and rules: The authors didn't provide the written informed consent of treatment. No academic misconduct was found in the Bing search.

4 Supplementary comments: This is an unsolicited manuscript. The study was supported by Shandong Province Key Research and Development Program Project, Shandong Medical and Health Science and Technology Development Plan. The topic has not previously been published in the WJCC.

5 Issues raised: (1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s); (2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; and (3) Please provide the written informed consent of treatment.

Thank you for these reminds. As requested, we have uploaded these files in system.

6 Re-Review: Not required. 7 Recommendation: Conditional acceptance.

Language Quality: Grade A (Priority publishing)

Scientific Quality: Grade B (Very good)

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

Thank you for these comments.