

Dear editor,

Thank you very much for your decision letter and advice on our manuscript (Manuscript #) entitled "Treatment process of a giant low-grade appendiceal mucinous neoplasm: a case report". We also thank the reviewers for the constructive comments and suggestions. We have revised the manuscript accordingly, and all amendments are indicated by red font in the revised manuscript. In addition, our point-by-point responses to the comments are listed below this letter.

We hope that our revised manuscript is now acceptable for publication in your journal and look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Zhilong Yang

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: In this case, the adnexal mass was suspected and was admitted to the obstetrics and gynecology department. However, preoperative MRI diagnosed it as an appendiceal tumor and adnexal mass could be excluded. This article is considered to be useful in that MRI greatly contributed to preoperative diagnosis. Therefore, the findings and considerations for images should be enhanced. >The image explained in Figure 1 is only for diagnosis, and the findings are scarce. Please consider in "discussion" whether there were any findings suggestive of LAMN by echo or CT. > It is suspected to be mucinous neoplasm on MRI of the appendix, please describe in the "Imaging examination" what kind of findings you suspected to be a malignant neoplasm. > In "Discussion", the characteristic of MRI findings of LAMN are shown. This case is a perforated case, It is interesting that "gourd-shaped" appendix was shown, although LAMN was perforated already. The "gourd-shaped" or characteristic picture should be on the figure. > The image in Figure 2 and the actual figure legends are different, so please correct them. e

Response: Thank you for your critical suggestions. We revised the MS and updated the figure 2.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: I have read this manuscript with great interest. The present case is an interesting case of a common misdiagnosis in the everyday clinical practice. First of all, a language revision is needed in order to improve the quality of the manuscript. A recent published paper (Perivoliotis K, et al. Low-Grade Appendiceal Mucinous Neoplasm (LAMN) Primarily Diagnosed as an Ovarian Mucinous Tumor. Case Rep Surg. 2021 Apr 22;2021:5523736. doi: 10.1155/2021/5523736.) discussed the same subject. Please refer the present work and revise your discussion.

Response: Thank you for your valuable suggestions. We added this reference in our MS.

4 LANGUAGE QUALITY

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

Response: We are very sorry for the mistakes in this manu and inconvenience they caused in your reading. The manu has been thoroughly revised and edited by a native speaker, so we hope it can meet the journal's standard. Thanks so much for your useful comments.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly. Now we list the abbreviations rules as follows.

(1) Title: Please spell out any abbreviation in the title. Abbreviations are not permitted.

(2)

(2) Running title: Please shorten the running title to no more than 6 words. Abbreviations are permitted.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).n

(4) Key words: Abbreviations must be defined upon first appearance in the Key words.

(5) Core tip: Abbreviations must be defined upon first appearance in the Core tip. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Examples: Example 1: Hepatocellular carcinoma (HCC).

Example 2: *Helicobacter pylori* (*H. pylori*)

(8) Figures: Please verify the abbreviations used in figures and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

(9) Tables: Please verify the abbreviations used in tables and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

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 appendiceal mucinous neoplasm. The topic is within the scope of the WJCC. (1) Classification: Grade C and Grade D; (2) Summary of the Peer-Review Report: The present case is an interesting case of a common misdiagnosis in the everyday clinical practice. This article is considered to be useful in that MRI greatly contributed to preoperative diagnosis. The questions raised by the reviewers should be answered; (3) Format: There are 2 figures; (4) References: A total of 13 references are cited, including 4 references published in the last 3 years; (5) Self-cited references: There is no self-cited reference. 2 Language evaluation: Classification: Grade B and Grade B. A language editing certificate issued by STS was provided. 3 Academic norms and rules: The authors provided the Written informed consent and CARE Checklist (2016). No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCC. 5 Issues raised: (1) 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; (2) For PMID and DOI numbers of references from English-language journals, please ensure there is a space between the PMID and DOI numbers in the square brackets. PMID numbers are not required; (3) To obey the publication ethics and improve the protection of all patients' rights to privacy, the authors should provide the informed consent form on which the patient's name, address, birthday, address, ward, bed number, hospital number and other private information are obfuscated. 6 Recommendation: Conditional acceptance.

Response: Thank you for your critical comments. We offered the original pictures and updated the references in addition to inform consent form.