

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The presented clinical case is interesting. Modern methods of examination were used, minimally invasive surgery was performed. 1 Title. Fully reflects the content of the article. 2 Abstract. The text is missing, the authors need to add it. 3 Key words. They are missing, the authors need to add them. 4 Background. The text is missing, the authors need to add it. 5 Methods and 6 Results: a therapeutic and diagnostic algorithm is described, an approach to the differential diagnosis of pancreatic formations is given. 7 Discussion. The discussion is written in a meaningful way, a summary table is given reflecting the main approaches in the differential diagnosis of pancreatic formations. But the absence of a list of references does not allow us to determine the relevance of the sources used in this manuscript. 8 Illustrations and tables. Figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents. 9 Biostatistics. Not required. 10 Units. The manuscript meet the requirements of use of SI units. 11 References. They are missing, the authors need to add them. 12 Quality of manuscript organization and presentation. The content of the article is satisfactory, the volume of the examination and treatment of the patient, as well as their descriptions are sufficient, but the manuscript needs to be finalized in a number of sections according to CARE Checklist (2016) - Case report. 13 Research methods and reporting. Authors have prepared their manuscripts according to CARE Checklist (2016) - Case report, but some points were omitted in the submitted text, which requires revision of the manuscript. 14 Ethics statements. Written informed consent was obtained from the patient for the publication of any potentially identifiable images or data included in this article.

● **Response to the reviewer #1:**

Thank you for your kind suggestion. We have added the abstract, keywords, background and references according to the CARE Checklist (2016). Additionally, we followed the guidelines for file formatting. We will also refine the quality of the grammar in our revised manuscript.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Nicely written manuscript. IPAS is a rare entity with Laparoscopic management being carried out a very few centers. Intraoperative photographs could have been added to the manuscript.

● **Response to the reviewer #2:**

Thank you for your suggestion, and we completely agree with you. However, we are unfortunately unable to provide intraoperative photographs for the following reasons. First, intraoperative data could not be obtained, as this was a retrospective case. Second, intraoperative videos or photos in our hospital may not be conventionally stored except for complex cases or those cases that strongly engage the interests of the surgeons. As in our case, the cavernous hemangioma arising from the intrapancreatic accessory spleen (IPAS) was preoperatively considered to be a pancreatic cystadenoma that is frequently encountered in clinical settings. Therefore, intraoperative information was not recorded. As a substitute, we have provided the postoperative pathological section, which could show the gross profile of the cavernous hemangioma in an IPAS to some extent (please see the following figure). We hope that our responses have satisfactorily alleviated your concerns.

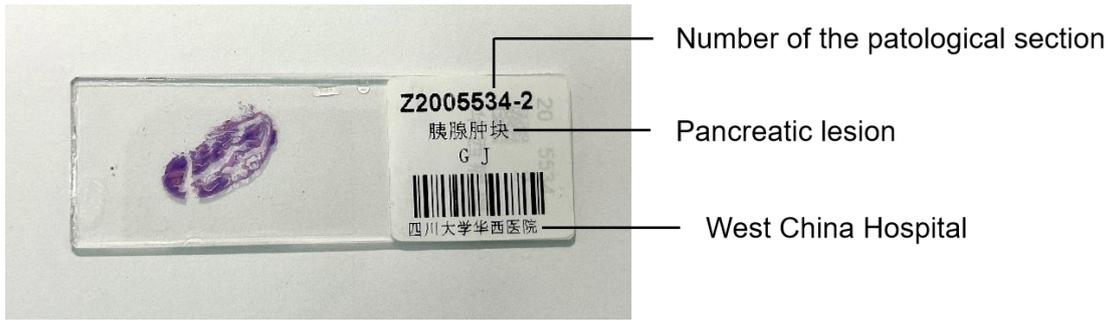


Fig. Pathological section of the cavernous hemangioma in an IPAS