

December 22, 2021

Dear Editor,

Please find the edited manuscript (file name: 73142_Auto_Edited.docx).

Title: Malignant struma ovarii with papillary carcinoma combined with retroperitoneal lymph node metastasis: a rare case report

Author: Wen Xiao, Jin-Rong Zhou, Dong Chen

Name of Journal: World Journal of Clinical cases

Manuscript NO: 73142

The manuscript has been improved according to the suggestions of reviewers:

1 Native language has been corrected.

2 Revision has been made according to the suggestions of the reviewer.

The first review's composition comment on the manuscript and my answer

Reviewer #1:

Specific Comments to Authors: There is a need for native language correction, It is not mentioned in the type of surgery that pelvic lymphatic dissection was also performed, and if so, what was the lymph node pathology response?

Answer: Yes, this article has been corrected in native language. The patient underwent resection of the right pelvic tumor and right retroperitoneal tumor+ bilateral adnexal resection + pelvic lavage under general anesthesia, but hysterectomy and pelvic lymph node dissection were not performed.

The second review's composition comment on the manuscript and my answer

Reviewer #2:

Specific Comments to Authors:

#1. The possibility of papillary thyroid carcinoma metastasizing to the ovaries or lymph nodes must be excluded. As a result, the presence or

absence of thyroid gland abnormalities on physical and imaging findings must be described precisely. If thyroid function blood tests have been performed, the results should also be included.

Answer: We have supplemented some of the related adjunctive thyroid tests performed on patients, such as single-photon emission computed tomography (SPECT) thyroid imaging, thyroid function blood test, and ultrasound examination results.

#2. The term "postoperative pathological biopsy" is incorrect and should be replaced with the phrase "surgically resected specimen."

Answer: We have corrected relevant terms in this article.

#3. Gross photographs of the ovarian tumor should be presented to clarify the relation between the ovary, the fallopian tube, and the tumor. The term "adnexa of the ovary" may be more appropriate than "MSO of the ovary."

Answer: Unfortunately, there are no gross photographs of the ovarian tumor, but CT/MRI images can provide some information on the relationship between ovarian, fallopian tube and tumor. We have corrected relevant terms in this article.

#4. Teratoma and/or carcinoid components are known to be associated with struma ovarii. A description of whether the presence of those components was confirmed histologically would be helpful.

Answer: Histologically, teratoma component was found, but no carcinoid component was observed.

#5. TG should be spelled out in the section on immunostaining.

Answer: Yes, we have corrected it according to your comments

#6. If PAX8 immunostaining was performed, the results should be included. A microphotograph should be included if the specimen is positive for TTF-1.

Answer: Unfortunately, "urgically resected specimen" was not performed with PAX8 immunostaining. The TTF-1 specimen is positive for TTF-1, but the immunostaining results of the pathology department of our hospital usually reserved only two images (HBME-1 and CK-19) by default, lacking

TTF-1 positive microphotograph.

#7. Nuclear features of tumor cells are critical for diagnosing papillary-type carcinoma. Nuclear findings should be clearly described and accompanied by a high magnification photograph to enable the reader to confirm the nuclear findings.

Answer: Yes, we have corrected the figure and legends according to your comments.

#8. A number of cases of malignant struma ovarii of the papillary carcinoma type have been reported. If possible, the description could emphasize the case's novelty and clinical significance, making this case report more appealing.

Answer: Although many cases of malignant struma ovarii of the papillary carcinoma type have been reported, few cases with distant retroperitoneal lymph node metastasis have been reported. This case can help people to have a deeper understanding of MSO, and a clear preoperative diagnosis of MSO can be particularly helpful for doctors in formulating the best treatment plan, allowing patients to avoid unnecessary treatments

The second review's composition comment on the manuscript and my answer

Reviewer #3:

Specific Comments to Authors: Thank you for your submission. Your manuscript was an interesting read. But the manuscript is not well organized and does not follow a clear flow. Please see the following comments about how your data could be further clarified:

#1. The file is uploaded in the system as a track changes and it is not clear at all which text is correct and acceptable for the authors.

Answer: Yes, we have corrected it according to your comments.

#2. The text below in Figures 2 and 3 is incorrect. The images are of the abdomen and pelvis, but are written on MRI of the brain. The type of cross

section (sagittal or coronal or axial) is not mentioned at all.

Answer: Yes, we have corrected figure legends and added the description of cross section type according to your comments.

#3. The most important part of this article are the pathology images, the images are shown at low magnification and the pathology parts should be shown with an arrow.

Answer: Yes, we have corrected the pathology images according to your comments.

EDITORIAL OFFICE'S COMMENTS

(1) Science editor:

The authors report a case of metastatic malignant struma ovarii tumor. This is a rare condition and of scientific interest. The report is well-written and accompanied by good quality images of the MRI. The exact location of the retroperitoneal mass could be described in more detail (relation to iliac vessels, aorta and inferior vena cava) in both the description of the imaging exams and of the surgical procedure. More details on the surgery could also be provided (whether the uterus was removed, and what type of lymphadenectomy was performed, if any), and on what artery was embolization performed prior to surgery. As pointed out by the reviewer, the legends of one of the MRI images is incorrect.

Answer: Yes, we have described in more detail the exact location of the retroperitoneal mass in both the description of the imaging exams and of the surgical procedure based on your comments. The patient underwent selective vascular embolization (right internal iliac artery and ovarian artery) because of the rich blood supply to the tumor in the pelvis, followed by resection of the right pelvic tumor and right retroperitoneal tumor + bilateral adnexal resection + pelvic lavage under general anesthesia. Hysterectomy and pelvic lymph node dissection were not performed.

(2) Company editor-in-chief:

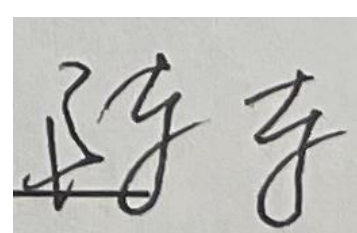
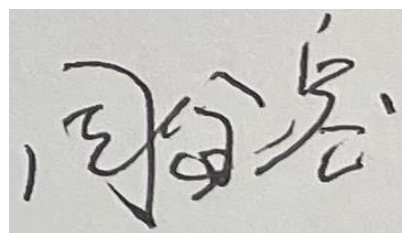
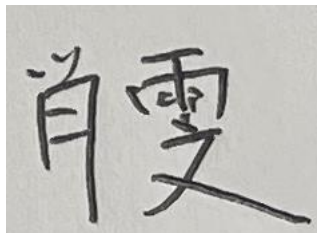
I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision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

Answer: Yes, we have provide the original figure documents, and we used PowerPoint to prepare and arrange figures to ensure that the editor could reprocess all graphs or arrows or text portions.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Clinical Cases*

Sincerely yours



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