

Dear Editor thanks to you and the Reviewers for the revisions and the usefull suggestions that certainly improve the paper.

Please find a point by point letter of response to the comments.

Editor's comments

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, 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. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file.

We have done

Reviewer(s)' Comments to Author:

Reviewer: 1

The study demonstrated a case of peripancreatic paraganglioma, which is very interesting and easy to be misdiagnosed. The authors also discussed the pathological and molecular character of paraganglioma. Overall, the MS is well written and contains valuable information for diagnosis and management of paraganglioma. However, I did not see the figures in the MS file.

Answer: Dear Reviewer thank you for your positive comments. I apologize but I think there was a problem during the submission; I forwarded the images directly to the Editorial service as suggested by the Help desk system of the journal.

Reviewer: 2

This is a "Letter to the Editor" by Petrelli and colleagues commenting a previously published case of peripancreatic paraganglioma highlighting the difficulties of establishing an accurate preoperative diagnosis, even after a second-round evaluation. After analyzing the paper authored by Lanke and collaborators on a peripancreatic paraganglioma (PPGL) successfully diagnosed pre-operatively by endoscopic ultrasonography (EUS)-fine needle aspiration (FNA), Petrelli and co-authors present their own case to illustrate the discussion. Although the patient is relatively young, the case has several similar characteristics. In addition to important content regarding disease diagnosis, the authors present and analyze several methods and compare them to previous results and publications. Finally, the authors suggest a close follow-up after surgery, since there are no definite criteria for malignancy, and support that the pathologists play a key role in guiding clinicians and surgeons on the malignant potential of the tumor. The whole description is sufficiently detailed and well-described. The text has the necessary content for the accurate clinical, laboratory and imaging evaluation. However, the figures mentioned and described are not available. The discussion has a logical structure and is based in a thorough literature search. More than 50% of the references are from papers published in the last 5 years. No self-citation was detected.

Answer: Dear Reviewer thank you for your positive comments.

Major points to be addressed

1. Absence of available figures.

I apologize but I think there was a problem during the submission; I forwarded the images directly to the Editorial service as suggested by the Help desk system of the journal.

Minor comments:

1. Revise the text for minor typing errors.

We have done