

## Reply for Reviewer

#1: 1.

Thank you for your suggestion. The patient once underwent radical surgery due to malignant ovarian teratoma at the age of 28. After this surgery, she remained well during a 25-year periodic follow-up. I will clarify it in the abstract and case report section in case of potential readers' misunderstanding.

1.2. I completely understand what you want to convey concerning hepatic neoplasms. Firstly, CT had provided teratomatous characteristics. Secondly, preoperative biopsies of the liver masses also demonstrated benign teratomatous tissues. I have mentioned these clues in the manuscript. Thirdly, the patient was in good health, with no history of related gastrointestinal tumors, and no family history of related gastrointestinal malignancies. I think that's sufficient. For these reasons, the patient didn't undergo endoscopic examinations.

1.3. The patient denied any history of hepatitis B Or C, and laboratory testing didn't show abnormal AFP and positive hepatitis.

1.4 Any hospitalized patients need to conduct biochemistry tests and the usual tumor marker testing. If LDH, AFP were abnormal, I would have written it in the text, but the limited space the journal requested didn't allow for all the important details to be mentioned, except normal laboratory testing results. CA19-9 is more likely to be elevated due to different causes. In my paper, the patient's CA 199 was not normal. As a matter of fact, it can be caused by many reasons, such as teratoma, malignancy, and inflammation. In my paper, I mentioned the abnormal CA 19-9 was back to normal after the latest surgical resection of the new-onset liver masses, suggesting it should be associated with these new masses.

1.5. Figure2 is a pathology figure with sections a-d which were provided by a professional pathologist in our hospital. I think it's very difficult to clarify all details including stains and abnormal tissues because mature (benign) teratoma were composed of various tissues such as hair, bone, and tooth. For this reason, I don't think it's necessary to mark them as it is likely to trigger some potential readers' confusion and misunderstanding. Considering your request, I discussed it with a qualified pathologist in our hospital and made a simple mark on the pathology picture.

1.6. I just quoted these words - growth and regrowth; growing and re-growing, which were mentioned in the definition of growing tumor syndrome in English literature. I think these terms are widely accepted. Because this case is very rare, and the special description was first proposed in 1982.

1.7. Similarly, I use words - mature teratoma and immature teratoma, which are all professional descriptions in pathology. It is well known that mature teratoma refers to benign teratoma that is composed of mature tissues; while immature teratoma refers to malignant teratoma that is composed of various naive cells so-called immature tissues. To the best of our knowledge, these words are widely seen in English literature and used in real clinical practice. I don't think they might result in readers' confusion.

1.8 Surgery simply removes the lump, not liver tissue.

1.9. Many thanks for your advice. I think this is a logical error in my paper. Some patients with ovarian growing teratoma syndrome died of its complications such as carcinoma transformation, rupture, morbidity, and other causes. I will get rid of these unnecessary statements.

1.10. Okay. I will revise the conclusion based on your suggestions and our experience.

Reply for Reviewer

#2

Thank you for your suggestion, I have marked the relevant reference image.