Answering Reviewers

Dear reviewers: Thanks gratefully for your valuable suggestions to our manuscript (Manuscript NO.: 80517, Case Report). Sincerely appreciate your pointing out the shortcomings. Regarding your comments and suggestions, we explain the following:

Reply to reviewer#1

1.The abstract became more concise, and the introduction became more informative enough.

Abstract

BACKGROUND

Benign lymphoepithelial cyst (BLEC) of the parotid gland is a rare benign embryonic-dysplastic cystic tumor in the anterolateral neck that occurs most commonly in HIV-positive adults and rarely in non-AIDS patients. The main presentation is a slow-growing, painless mass, and secondary infection may cause acute inflammatory symptoms.

CASE SUMMARY

A 44-year-old Chinese male patient presented with a 1-year history of a mass in the left side of the neck. On physical examination, a mass similar in size and shape to a quail egg was found in the left parotid gland. The mass was tough, without tenderness, and easily moveable. The results of HIV tests, including antibody and nucleic acid tests and CD4+ T cell examination, were negative. Imaging examination revealed a left parotid gland mass. The patient underwent surgical treatment, and BLEC was diagnosed based on postoperative pathology. After 2 years of follow-up, the patient survived well without related discomfort.

CONCLUSION

The detailed characteristics of a BLEC in a patient without HIV infection contribute to an improved understanding of this rare disease.

INTRODUCTION

Benign lymphoepithelial cyst (BLEC) of the parotid gland, which is also known as branchial cleft cyst, is a rare benign cystic neoplasm of embryonic dysplasia. It usually occurs in the anterolateral region of the neck but has been reported in the oral cavity or parotid gland in rare cases [1,2]. This disease mainly presents as a slow-growing tumor and is not associated with recurrence or metastasis. These tumors usually occur in patients with HIV infection and are rarely encountered in non-HIV–infected patients [3]. To improve clinicians' understanding of this rare disease, the present report describes the imaging, histopathological, and diagnostic characteristics of a parotid gland BLEC found in a 44-year-old, non-HIV–infected patient. The case description is followed by a review of the relevant literature.

2.1More differential diagnoses like thyroglossal duct cysts, lymphocele, metastatic Lymph nodes, and lymphadenitis were included in the discussion.

Thanks for your expertized comment. (4) thyroglossal duct cysts [15], which present as a painless mass in the front of the neck and are usually dumbbell shaped and movable when the tongue is extended or swallowed; CT shows a low-density, usually monocular parenchyma lesion during embryonic thyroid migration, mostly located in the midline and associated with the hyoid bone; (5) lymphocele[16], which typically manifest as a cystic density focus with uniform density, clear boundary, thin cyst wall, no obvious exudation and calcification, and after enhancement, the cyst wall can present slightly uniform enhancement, with no enhancement in the cyst; (6) metastatic lymph nodes[17], which are accompanied by a history of primary tumor, and on CT exhibit uneven density, calcification, cystic or necrotizing changes, uneven edges, adhesion to surrounding tissues, and obvious annular or peripheral enhancement; and (7) lymphadenitis[18], which is more common in children and present with local redness, swelling, heat and pain while appearing mostly oval with a thick wall and ring and uniform enhancement without obvious wall

nodules and calcification, but with a blurred surrounding fat space.

2.2 Histopathological analysis was improved as follows:

In general, the lesion was a pale round nodule with a complete capsule and small volume, accompanied by a small amount of parotid tissue attachment. The size was about 2.2 cm × 2.0 cm × 1.8 cm. The surface of the tumor was smooth and soft, and the surface skin mucosa was not abnormal, and the color was not special. The section was cystic, and the cyst was soybean dreg-like material with a wall thickness of 0.1 cm. Under light microscopy, the cyst wall was laminated squamous epithelium without epithelial nail process and the surface layer was mostly incomplete keratosis. The epithelium was surrounded by a large number of lymphoid stroma with lymphoid follicular formation and a center of occurrence (Figure 3).

3. After excluding other causes of infection, HIV testing is detailed below:

The results of HIV tests, including antibody and nucleic acid tests and CD4+ T cell examination, were negative.

4.1"TTF-1: Thyroid transcription factor-1; CK: cytokeratin; NSE: Neuron specific enolase." at the bottom of table 1 was removed from the manuscript.

4.2 Gender in the article has been unified.

4.3 Spelling and grammar errors have been corrected and sent to professional English editing company for further correction.

Reply to reviewer#2

1. Because preoperative imaging examination suggested that the lesion was benign, intraoperative freezing examination was not performed.

2. General practitioners' key points of consultation to otolaryngologist are as follows:

A quail egg-shaped mass on the parotid gland, tough, without tenderness,

easily moveable, no local redness, swelling, heat or pain.

Reply to editor,

1.The revised manuscript has been sent to a professional editing company for further polishing.

2. The abbreviations have been modified in the format required by the journal.

3.Dear editor, thank you very much for your valuable modification suggestions. I have uploaded other related attachments to F6Publishing system as required.