

Manuscript revision Report:

Reviewer #1:

1. the ABSTRACT section is very laborious, there are a lot of details about the case, and the number of words is more than 300. *Done.*
2. the values of the various analyzes are not related to the range of normal values of the laboratory. *Done.*
3. It doesn't seem representative to me that case report should be a Keywords. *Done.*
4. there is an article on pub med– case report – where the patient had only a natural childbirth, with no history of cesarean section. Therefore, perhaps caesarean section trauma does not have a determining role for the occurrence of ETT (maybe only a predisposing role???). I attach the reference to this article just to be taken into account - Uterine Epithelioid Trophoblastic Tumor in a 44-Year-Old Woman: A Diagnostic Dilemma. Clin Pract. 2021 Sep 13;11(3):631-639. doi: 10.3390/clinpract11030078. PMID: 34563007; PMCID: PMC8482181. - taking into account this mentioned article, the discussions and conclusions may undergo some changes. *All done* (annotation: In the article, we mean “caesarean section trauma” affected the site of ETT, not the

After preoperative preparation was done, radical hysterectomy with bilateral salpingo-oophorectomy and bilateral pelvic lymphadenectomy (level I and II) was performed (Figure 2). The procedure was uncomplicated. The patient has had a good recovery after surgery and she was discharged on day 7 postoperatively.



Figure 2: Operative image: Macroscopic examination of the uterus, which is enlarged and has a lobulated surface, with extension on the left horn.

Anatomopathological evaluation of the surgical specimens
The macroscopic evaluation showed the uterus with irregular outline. The uterine cavity is 4 cm long. At the level of the uterine fundus, with extension to the left horn, there were noted a tumor mass of 3.7/2.5/2 cm, well delineated, poorly white, lobulated appearance and friable consistency. The tumor protrudes in the uterine sinus and infiltrates over 50% of the thickness of the myometrium. In the right fundus of the uterus, intramural, there were found multiple nodular tumors, the largest being 1.3 cm in diameter, well defined, poorly white, fleshy appearance and elastic consistency. The right ovary measured 4.2 cm x 3.1 cm x 1.7 cm with nodular non-cystic ovaries and measuring 0.1 cm. The left ovary measured 1.5 cm x 1.2 cm x 0.3 cm with non-cystic ovaries and measuring 0.1 cm.

etiology of ETT).

5. I suggest that, for images, it would be useful to identify the exemplified notions with arrows (especially for figure 1, 2, 3). *Done.*
6. to evaluate the patient's prognostic factors, I suggest the FIGO prognostic score. *Not applicable.*
7. there is no uniform writing of references - order for name, surname....- and there are numbers after the names of the authors....I suggest a revision of the References. *All done.*

Reviewer #2:

1. Please make the case summary more concise. *Done.*
2. Laboratory examinations: Please also list the normal reference range of all the markers (bHCG, CK19, CEA, CA19-9, etc.) . *Done.*
3. Please improve the usage of English. *Done.*
4. Figure 1. Please add arrows to panels A and B to point to the lesion. *Done.*
5. Figure 3. Please re-count Ki-67 index. Based on the picture, it looks like greater than 20%. *Done* (annotation: 20% was the pathologists' report; for regions of hot spot, Ki-67 nuclear labeling index was approximately 40%).

6. Figure 4. Please remove the scalpel from panel C. *Done.*