

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Autoimmune encephalitis after surgery for appendiceal cancer: A case report"(NO:83824).Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper.

We tried our best to improve the manuscript and made some changes in manuscript.These changes will not influence the content and framework of the paper.And here we did not list the changes but marked in revised paper. We appreciate for Editors/Reviews' warm work earnestly ,and hope that correction will meet with approval.Once again,thank you very much for your comments and suggestions.

Yours

Sincerely,

Mao Yan-Hui

Revised Manuscript

Autoimmune encephalitis after surgery for appendiceal cancer: A case report

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Abstract

BACKGROUND

Primary cancer of the appendix is rare and often difficult to diagnose preoperatively due to the lack of specific clinical symptoms. Autoimmune encephalitis (AIE) is the most common cause of non-infectious encephalitis. The etiologies of AIE include tumors (paraneoplastic), infections (paraneoplastic), or recessive infections. The tumors that have been reported to cause AIE include thymomas, ovarian teratomas, lung cancer, and breast cancer; however, there are no reports of AIE occurring after surgery for appendiceal cancer. This report describes the diagnosis and treatment of a patient with an appendiceal cancer and postoperative AIE.

CASE SUMMARY

We report the case of a 47-year-old man who was transferred to our hospital due to a recurrent low intestinal obstruction. Abdominal enhanced CT was used to consider the possibility of a terminal ileal tumor with serous infiltration and lymph node metastasis. A right hemi-colectomy was performed under general anesthesia with an ileo-transcolon anastomosis and laparoscopic exploration. The postoperative pathologic evaluation revealed a high-grade goblet cell carcinoma of the appendix, accompanied by mesangial and abdominal lymph node metastases, and neural tube and vascular infiltration. The operation was completed without complication. The patient developed restlessness on postoperative day 4, and gradually developed a disturbance of consciousness on postoperative day 6. He was transferred to West China Hospital of Sichuan University and