

Dear, Editor

Title: Large colonic lipoma with lateral spreading tumor treated with endoscopic submucosal dissection: A case report

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Name of Journal: World Journal of clinical cases

Manuscript Number: 85506

Manuscript Type: case report

Thank you for your kind E-mail. We are very grateful to have the opportunity of revision to the World Journal of clinical cases. We appreciate the kind and detailed comments of the reviewers, and the paper has been revised to reflect their opinions. Each text that has been altered was highlighted yellow color in the revised manuscript. We hope that the revised manuscript meets the requirements for publication in this World Journal of Clinical Case.

Thank you very much.

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Good job. It's interesting rare case.

Answer: Thank you for your kind and nice comments on our article.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This paper have presented a rare case of joined mucosal lesion and submucosal lipoma. They have tested hypothesys of better outcome using one of the methods, and in this case it has proven to be right. The quality and importance of this manuscript are evident

in well described and photographically documented case, which is important in clinical work and decision making. They do not introduce new methods, but propose a recommendation of a different method used in cases like this. Limitation lies in the fact that this is a case report, so it can not have the significance like some multicentered study which should cover much more cases and prove which method is more effective. The title "Large colonic lipoma with lateral spreading tumor treated with endoscopic submucosal dissection: A case report" reflects the main subject detailed in the manuscript. The abstract in adequate manner presents the main ideas described in the manuscript.

- in Case section, LST abbreviation is without the explanation! The key words are chosen well, reflecting the focus of the manuscript. Background is clear and concise and adequately describes the problematic issues in delayed perforation in the endoscopic removal of colonic lipoma. It suggests that although endoscopic submucosal dissection (ESD) technique is better choice to minimize electrical thermal injury. The manuscript contains methods under the Case presentation section of the manuscript. It is described sufficiently considering that it is a case report. Case presentation section is clear, and delivers important data for anamnestic and current disease status. My remark is that there is a subsection "Final diagnosis", even before the treatment subsection and definite pathohistology report?! It could be working diagnosis, clinical diagnosis...but final diagnosis should be at the end, like "Final diagnosis and followup" perhaps. Discussion of the manuscript interprets the findings adequately and appropriately. It conveys the key points: a) incidence and clinical course of lipomas; b) strong and weak points of EMR and ESD techniques and c) conclusion, that it is thought that the ESD technique may be more helpful for endoscopic resection than the EMR technique in order to reduce tissue electrical thermal injury and obtain negative resection margin in large colonic lipomas with mucosal lesion. Paper contains three composite figures which appears to be of good quality and illustrative. The manuscript does not require statistical analysis. Table is well organized. The manuscript cites appropriate, new and authoritative references in the introduction and discussion sections. Manuscript is well, concisely and coherently organized and presented. Style, language and grammar are accurate and appropriate.

Answer: Thank you for your kind and detailed reviews and comments on our articles.

Reviewer #3:

Scientific Quality: Grade D (Fair)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Rejection

Specific Comments to Authors: The authors reported a case of resected lipoma with TVA. They described that 6 cases of resected lipoma with mucosal lesions have been reported. There are some

concerns of this article. 1. Please provide NBI and magnifying images of the lesion. 2. Please provide other SMT with mucosal lesions, especially adenomas.

Answer:

1. We were able to visually classify the subtype of LST as LST granular homogenous type before ESD treatment. And since a biopsy was performed on the lesion and it was reported that it was a tubular adenoma, NBI magnifying endoscopy was not performed because it was considered unnecessary.
2. Except for lipoma of the colon, no other cases of mucosal lesions accompanying SMT were found in the search.

Thank you for considering the review.

Best regards.

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