

**Name of Journal:** World Journal of Clinical Cases

**Manuscript NO.:** 89172

**Column:** Case Report

**Title:** Uniportal video-assisted thoracoscopic fissureless right upper lobe anterior segmentectomy for inflammatory myofibroblastic tumor: A case report

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** Thank you for sharing the case. Some questions and remarks:

**Comment 1:** In introduction give the former nomenclature of IMT in paranthesis.

**Reply 1:** In response to the reviewer's suggestion, we have added the former nomenclature of IMT in parenthesis. We appreciate your valuable input.

**Changes in the text:** We have modified our manuscript (see page 3, line 9-12).

**Comment 2:** Indicate that the tumor is benign OR borderline, mention the prognosis.

**Reply 2:** According to the 5th edition of the 2020 WHO Classification of Soft Tissue Tumors, inflammatory myofibroblastic tumors do not fall into the categories of benign or malignant. Instead, it is classified as intermediate (rarely metastatic).

**Changes in the text:** We have modified our manuscript (see page 3, line 9-12).

**Comment 3:** Mention the expanded differential diagnosis of the case other than written. Also initially how the tumor is recognized? If incidentally how?

**Reply 3:** In the outcome and follow-up section, we expanded on the differential diagnosis for the lung case, outlining the diagnostic steps taken. The tumor underwent surveillance for three years at previous hospitals before being referred to our institution. It is speculated that the initial discovery of the tumor may have occurred incidentally during a routine health checkup, where it was observed in a chest X-ray.

**Changes in the text:** We have modified our manuscript (see page 6, line 20-23)

**Comment 4:** "The final pathologic diagnosis was inflammatory myofibroblastic tumor" is not enough. Write the pathognomic pathologic description from the pathology report.

**Reply 4:** In response to the reviewer's request, six additional sentences have been incorporated to bolster the pathological descriptions from the pathology report, providing supplementary information about the immunohistochemical stains.

**Changes in the text:** We have modified our manuscript (see page 6, line 16-28 and page 12, line 18-28).

**Comment 5:** Was the tumor positive for ALK1 IHC?

**Reply 5:** The tumor exhibited positivity for anaplastic lymphoma kinase (ALK) D5F3.

**Changes in the text:** We have modified our manuscript (see page 6, line 24).

**Comment 6:** Share at least two histological pictures of this case obtained from the Pathology department.

**Reply 6:** Three histological images of this case have been included in the manuscript. Appreciation for your guidance.

**Changes in the text:** We have modified our manuscript and added figure 5 (see page 6, line 16-28 and page 12, line 18-28).

**Comment 7:** “During physical examination, the patient had no apparent symptoms” Symptoms should be “sign” A symptom is a manifestation of disease apparent to the patient herself, while a sign is a manifestation of disease that the physician perceives.

**Reply 7:** In line with the reviewer's advice, we have made a modification, replacing the term "symptoms" with "signs."

**Changes in the text:** We have modified our manuscript (see page 4, line 13).