

27-Dec-2023

Dear Prof. Peter Schemmer,

Thank you very much for your letter and the reviewers' advice concerning our manuscript entitled "An Uncommon Case of Ileal Collision Tumor Associated with Gastrointestinal Bleeding: Case Report and Literature Review" (Manuscript ID: 90077). We have revised the manuscript thoroughly, and would like to re-submit for your consideration. We have addressed the comments raised by the reviewers, and the amendments are highlighted in yellow in the revised manuscript. Point by point responses to the reviewers' comments are listed below this letter.

I am looking forward to hearing from you.

With best wishes,

Yours sincerely,

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Response To Reviewers

Yuqi Wu, Hongyan Wang, Mumin Shao, Lin Xu, Xiaoyan Jiang, Shaoju Guo

Replies to Editorial Office's comments

Science Editor:

1) Please provide the Informed consent statement.

Answer: We would like to express our sincere thanks to the Editors and the reviewers for their important comments on our work. Based on these recommendations, we have revised the paper thoroughly and uploaded the patient's informed consent form as shown in its current version.

2) Please provide the Language certificate. The English-language grammatical presentation needs to be improved to a certain extent. There are many errors in grammar and format, throughout the entire manuscript. Before final acceptance, the authors must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend:

<https://www.wjgnet.com/bpg/gerinfo/240>.

Answer: Yes, we have submitted the manuscript to Editage (Shanghai) Co., Ltd. in China for language editing (The amendments are highlighted in red in the revised manuscript). And the Language Certificate can be seen in the attachment section.

3) Please provide the CARE Checklist (2016).

Answer: Yes, the CARE Checklist (2016) has been added in the current version.

4) Please provide the Figures cited in the original manuscript in the form of PPT. All text can be edited, including A,B, arrows, etc. With respect to the reference to the Figure, please verify if it is an original image created for the manuscript, if not, please provide the source of the picture and

the proof that the Figure has been authorized by the previous publisher or copyright owner to allow it to be redistributed. All legends are incorrectly formatted and require a general title and explanation for each figure. Such as Figure 1 title. A: ; B: ; C: .

Answer: Yes, the figures cited in the original manuscript in the form of PPT have been added as mentioned above. All images created for the manuscript are original, and corrections to the legends have been made in the revised version.

5) Please obtain permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published, and correctly indicate the reference source and copyrights. For example, “Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]”. And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable.

Answer: All the pictures in this article have not been published or copyrighted elsewhere.

*6) Please don't include any *, #, †, §, ‡, ¥, @....in your manuscript; Please use superscript numbers for illustration; and for statistical significance, please use superscript letters. Statistical significance is expressed as aP < 0.05, bP < 0.01 (P > 0.05 usually does not need to be denoted). If there are other series of P values, cP < 0.05 and dP < 0.01 are used, and a third series of P values is expressed as eP < 0.05 and fP < 0.01.*

Answer: Thank you for this important comment. We revised the paper thoroughly and hope the correction will meet with approval.

Company Editor-in-Chief:

1) I recommend the manuscript to be published in the World Journal of Gastrointestinal Surgery. When revising the manuscript, it is recommended that the author supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply PubMed, or a new tool, the RCA, of which data source is PubMed. RCA is a unique artificial intelligence system for citation index evaluation of medical science and life science literature. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peerreview/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>, or visit PubMed at: <https://pubmed.ncbi.nlm.nih.gov/>.

Answer: Thank you for this important comment. More recently published literature has been added in the revised version to further improve the content of the manuscript. Additionally, we have reorganized the references. (See **page 5, paragraph 4 and page 8, Section REFERENCES**).

Replies to the First Reviewer's Comments

1) In the case summary: (Based on imaging studies) - You did not mention which imaging studies, it was better to say: based on CT scan Findings. (apical mucosa revealed a JP with evidence of rupture and bleeding) - you did not mention the histopathology of the second component (lipoma).

Answer: Thank you for this important comment. More detailed information has been added in the revised version (see **Page 2, paragraph 2**) to address the issue as kindly mentioned by the reviewer.

2) IN the section;Further diagnostic work-up: Hemostasis: this is not a treatment modality, you should be a bit specific about the treatment delivered and if the patient received blood transfusion or not. Subsequent gastroscopy: it is definitely subsequent colonoscopy (NOT GASTROSCOPY). 6cm from the terminal ileum: should be 6cm from ileo-caecal valve. Pathological examination: better to say Histopathological examination. No mention about how many biopsies were taken and whether the biopsies were taken from top part only or both parts. The mucosa of the top of the lesion reported JP: No mention about the histopathological examination of the lower part of the lesion(lipoma).

Answer: Actually, because lipomas are benign tumors that originate from the submucosal layer, conventional mucosal biopsies may not obtain sufficient sample to support the diagnosis of a submucosal mass. Additionally, as mentioned earlier, ultrasound and contrast-enhanced CT have essentially confirmed that the predominant component of the submucosal lesion is a lipoma. Therefore, in this case, only the abnormal mucosal tissue on the surface of the mass was snared for pathological examination. we rewrote some of our previous statements in the text as kindly mentioned by the reviewer (**Page 3, paragraph 8**).

3) In the section of TREATMENT: Exclusion of other potential sources of gastrointestinal bleeding - no mention about how this was excluded? was gastroscopy performed? Located at the ileocaecal valve??? should be 6 cm away from ICV Modified ESD: no clarification of the procedure and how it differed from standard ESD.

Answer: Yes, to avoid confusing the reader, we omitted and rewrote some of our previous statements (**Page 4, paragraph 2**).

4) In the section of OUTCOME AND FOLLOW-UP Postoperative pathology: There is no surgical intervention, better to say; Histopathological examination of the endoscopic biopsies.

Answer: Yes, correction has been made in the revised version (**Page 4, paragraph 3**).

5) At the section of DISCUSSION: We successfully performed ESD under endoscopy to remove a massive-sized collision tumor without any adverse events occurring postoperatively, providing a new case reference value for ESD treatment of huge small intestinal tumors. I think the word (under endoscopy) should be deleted. The word (a massive-sized) is overestimation and the same for (Huge small intestinal tumour), no need for such exaggeration.

Answer: Thank you for pointing this out. Corrections have been made in the revised version (page 5, paragraph 4).