

## Response to Reviewers' Comments

We are grateful to the Editor and Reviewers for the critical comments and expert advices. Following your suggestions, we have polished our manuscript. The changes are highlighted in **red**.

**Reviewer's Comments to Authors:** Fang-fang Yan et al. reported a 14-year-old girl with type A insulin resistance syndrome associated with a right ovarian serous papillary cystadenoma, hirsutism and acanthosis nigricans.

### Major comments

- 1) The description of her family history is not comprehensive. What was the serum insulin level of her father? Did not he have some manifestations of type A insulin resistance syndrome? How many siblings did she have? Blood levels of glucose and insulin for both parents and siblings should be provided. Genetic analyses should be performed in both parents.

*Author's response:* Thank you very much for your expert comments. We have added the specific family history of patient. The contents as following: **Her father was diagnosed with type 2 diabetes by the 75-g OGTT (fasting glucose, 14.3mmol/L and postprandial, 26.7mmol/L). He did not show any common clinical features of TAIRS. His blood glucose was well controlled with metformin 500mg three times a day. Her mother's glucose level was normal by 75-g OGTT. (Table 1) Fasting plasma glucose and fasting insulin level in**

her younger brother were 4.27 mmol/L and 212.67 pmol/L, respectively. The family history of diabetes is shown in Figure 4. Her father underwent genetic analyses and showed a heterozygous missense mutation on exon 20 of the insulin receptor gene (Arg1201Trp) (Figure 3B). Her mother was normal in the genetic analyses (Figure 3C). (Page 4, lines 86-95)

2) Since type A insulin resistance syndrome is frequently associated with polycystic ovary syndrome (PCOS), the authors should make it clear that the pathology of the ovarian tumor is not that of PCOS. This reviewer suspects that it is.

*Author's response: Thank you very much for your expert comments. We have revised the related contents as following: Final histopathological diagnosis of postsurgical tissue showed a right ovarian serous papillary cystadenofibroma accompanied by focal interstitial hyperplasia. Histopathological diagnosis showed the lesion was tumor, not a PCOS.*

3) Is not it ethically problematic that both ovaries were resected? Justification should be provided.

*Author's response: Thank you very much for your expert comments. The patient was operated on laparoscopic resection (bilateral) of the ovarian lesion, which was not a bilateral complete ovarian resection.*

## **Minor comments**

- 1) English should be rewritten. There are many typos and grammatical errors.

*Author's response: Thank you very much for your expert comments. The manuscript had been revised by a professional English editing company (MedE Editing Service).*

## **Editorial Office's comments**

The author must revise the manuscript according to the Editorial Office's comments and suggestions, which listed below:

### **(1) Science Editor:**

**1 Scientific quality:** The manuscript describes a case report of coexistence of the ovarian serous papillary cystadenofibroma and type A insulin resistance syndrome in a 14-year-old girl. The topic is within the scope of the WJCC.

(1) Classification: Grade C;

(2) Summary of the Peer-Review Report: The reviewer#01235968 thinks the description of her family history is not comprehensive. Blood levels of glucose and insulin for both parents and siblings should be provided. Genetic analyses should be performed in both parents. The authors should make it clear that the pathology of the ovarian tumor is not that of PCOS. Additionally, there are many typos and grammatical errors.

(3) Format: There are 2 figures. A total of 18 references are cited, including 3 references published in the last 3 years. There is no self-citation.

**2 Language evaluation:** Classification: Grade C. The authors did not provide the language editing certificate.

*Author's response:* Thank you very much for your expert comments. We have added the language editing certificate on submission system. (*MedE Editing Service*)

**3 Academic norms and rules:** The authors provided the Signed Informed Consent Form and the CARE Checklist-2016. The authors signed the Copyright License Agreement and the Conflict-of-Interest Disclosure Form. No academic misconduct was found in the CrossCheck detection and Bing search.

**4 Supplementary comments:** This is an unsolicited manuscript. The study was without financial support. The topic has not previously been published in the WJCC. **5 Issues raised:**

(1) The language classification is Grade C. Please visit the following website for the professional English language editing companies we recommend:

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

*Author's response:* Thank you very much for your expert comments. We have revised the language by professional English language editing company. (*MedE Editing Service*)

(2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using

PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

*Author's response: Thank you very much for your expert comments. We have prepared and arranged all figures using PowerPoint.*

(3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

*Author's response: Thank you very much for your expert comments. We have added the PMID and DOI numbers in the reference list.*

**6 Re-review:** Not required.

**7 Recommendation:** Conditional acceptance. (Han Zhang)

(2) *Editorial Office Director:* I have checked the comments written by the science editor.

(3) *Company Editor-in-Chief:* I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. However, the quality of the English language of the manuscript does not meet the requirements of the journal. Before final acceptance, the author(s) 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>.

*Author's response: Thank you very much for your expert comments. According to your comment, we have revised the English language by a professional company.*

*(MedE Editing Service)*