

Dear editor,

Thank you for conditionally accepting our manuscript. Below please find the point-by-point response to the reviewers comments, as well as the comments from editorial office. We have revised our manuscript throughout, please find in a revised manuscript.

Please feel free to let us know if further revision is needed to make the manuscript more perfect.

Hope the manuscript would be published soon.

Sincerely yours,
Authors

1. ANSWER REVIEWS

Reviewer #1:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Firstly, the authors should be congratulated for successfully managing this patient and reporting it. One of the important problems with mediastinal tumors is cardiac or pulmonary compromise during anesthesia induction. While the authors describe that they had extracorporeal support ready in the OR for any catastrophe, did they encounter any anesthesia-related problems? especially since the tumor was adherent to the superior vena cava. They can review the article "Kumar A, Persuad P, Shiwalkar N. Intraoperative Catastrophe during Benign Mediastinal Tumor Mass Excision: A Case Report. Cureus. 2019 Jun 19;11(6):e4941. doi: 10.7759/cureus.4941. PMID: 31431846; PMCID: PMC6697460" and cite it for completion purpose.

Response: We appreciate the reviewer for the kind comments as well as the approval. As the reviewer mentioned in above reference, we have made adequate preoperative assessment and standby extracorporeal circulatory support, for which we did not encounter any anesthesia-related problem. We also appreciate the reviewer for providing the valuable information of above reference, which we have cited in the discussion section to make further discuss.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Dear Authors, Congratulations on this successful surgery. Surgical techniques for mediastinal cysts and tumors are reported in the

following study. I think it will be useful for citation. Kermenli T, Azar C. Evaluation of surgical procedures in primary mediastinal cysts and tumors: single-center experience. *Kardiochir Torakochirurgia Pol.* 2019;16(3):109-113. doi:10.5114/kitp.2019.88597

Response: We are grateful to the reviewer for the kind comments and the approval for our case. The reference provided by the reviewer is valuable, which provide more information on recent approaches for mediastinal tumors surgical excision. We have cited the reference in our discussion section.

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: thanks, an original and beautiful article, I would be glad if you can also refer to my article on this subject in the references section. 12. Yalçınkaya İ. Mediastinal Benign Teratoma Apropos of a Case. *Van Tıp Dergisi* 1997; 4(3): 175-6 [https://jag.journalagent.com/vtd/pdfs/VTD_4_3_175_176.pdf]

Response: We appreciate the reviewer for the kind comments as well as the approval. Upon the title provided by the reviewer, we highly approve that the information in the reference must valuable. It is regret that, the reference provided by the reviewer is not an English version. Hence, we decide not to cite the reference.

2. LANGUAGE QUALITY

RE: Language editing certification provided.

3. ABBREVIATIONS

Title: Please spell out any abbreviation in the title. Abbreviations are not permitted.

RE: We have spell out all the abbreviations in the title.

Running title: Please shorten the running title to no more than 6 words. Abbreviations are permitted.

RE: We have shorten the running title to 6 words.

Abstract: Abbreviations must be defined upon first appearance in the Abstract. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

RE: All abbreviations were defined upon first appearance in the Abstract.

Key words: Abbreviations must be defined upon first appearance in the Key words.

RE: All abbreviations were defined upon first appearance in the Key words.

Core tip: Abbreviations must be defined upon first appearance in the Core tip.

Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2:

Helicobacter pylori (*H. pylori*)

RE: All abbreviations were defined upon first appearance in the Core tip.

Main Text: Abbreviations must be defined upon first appearance in the Main

Text. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2:

Helicobacter pylori (*H. pylori*)

RE: All abbreviations were defined upon first appearance in the Main Text.

Figures: Please verify the abbreviations used in figures and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

RE: We have verified the abbreviations used in figures and define them (separated by semicolons) at the end of the figure legend.

4. EDITORIAL OFFICE'S COMMENTS

1 Scientific quality: The manuscript is case report of rare and complex primary mature teratoma of the anterior mediastinum. The topic is within the scope of the WJCC. (1) Classification: Grade B;B;A, (2) Summary of the Peer-Review Report: authors reported a rare and successful surgery case, however, please comment on the "anesthesia-related problems" question and address concerns from three reviewers; (3) Format: There are 3 figures; (4) References: A total of 11 references are cited, including 2 reference published in the last 3 years; (5) Self-cited references: There is no self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations (i.e. those that are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade A;A;A. A certificate was issued by WORDVICE. 3

Academic norms and rules: The authors provided the Signed Informed Consent Form(s) or Document(s), Non-Native Speakers of English Editing Certificate; CARE Checklist–2016.No academic misconduct was found in the Google/Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The topic has not previously been published in the WJCC. 5 Issues raised: (1) Core-tip audio is missing. (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; (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; (4) Conflict-of-Interest Disclosure Form, Copyright License Agreement are missing. (5) Please update manuscript format per journal guideline. (6) Please expand the reference list, including up to date literature. (7) All three peer reviewers recommended cite their own study, please consider carefully, only cite if relevant to your paper. 6 Re-Review: Not required. 7 Recommendation: Conditional acceptance.

RESPONSE:

We appreciate the editors for the kind comments and approval.

1. We have commented on the “anesthesia-related problems” question and address concerns from three reviewers, please find our response above.
2. We have cited two references recommended by the reviewers. However, one reference from the reviewer is not an English version, for which we decided not to cite. We also made abundant explains above.
3. We have provided the core-tip audio as well as original figures in PPT, and uploaded them. Please find in updated system.
4. We have provided the PMID and DOI information in each reference. We have also listed all the authors the these references. Please find in a revised manuscript.
5. We have uploaded the Conflict-of-Interest Disclosure Form, as well as the Copyright License Agreement, please find in the updated system.
6. We have updated the manuscript format according to the journal guideline, please find in a revised manuscript.
7. We have try our best to expand the up-to-date references, please find in a revised manuscript.
8. For the recommendation references from the reviewers, please find response above.