

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Endoscopic ultrasonography diagnosis of gastric glomus tumors" (Manuscript NO.: 68608). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our research. We have studied comments carefully and have made correction which we hope meet with approval. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1:

1. The authors described that 9 cases out of 12 cases underwent ESD...The authors should describe the reason why the tumors were resected with ESD.
2. Material and methods-2.2 Histopathologic Examination] 1) The authors performed immunohistochemistry (IHC) for diagnosis, However, the IHCs were only performed with SMA, h-caldesmon and Vimentin. However, these IHCs were not enough to distinguish the glomus tumors from other types of gastric submucosal tumors. Please consider to perform Calponin, CD34, S100, Desimin and Keratins (Mravic et al. Int J Surg Pathol. 2015 May;23(3):181-8. doi: 10.1177/1066896914567330.)
3. Result- 3.1 Endoscopic Ultrasound] 1) The main text in this section is very confusing and readers may not be able to understand what the typical EUS findings are....so that the readers can easily find why these EUS findings has been occurred.
4. Discussion] 1) The authors stated that "A few cases have metastasis, but most of them are benign...lease discuss the typical symptoms of the glomus tumor and whether these symptoms were consistent with those symptoms.

Response:

1. This is a retrospective analysis. We didn't know the nature of the lesion before treatment. We considered more stromal tumors in preoperative diagnosis. We considered the treatment of ESD according to the location, diameter and Chinese Consensus on Endoscopic Diagnosis and Management of Gastrointestinal Submucosal Tumor;(Chin J Gastrointest Surg, DOI: [10.3760/cma.j.issn.1671-0274.2018.08.001](https://doi.org/10.3760/cma.j.issn.1671-0274.2018.08.001))

2. All these indicators have been performed, The relevant contents are stated in the line 9-10 of the Pathological Features.

3. In this retrospective study, 9 patients were treated with ESD, only tumor tissue was obtained, no pathological specimens of surrounding tissue were obtained, and 3 patients underwent surgery only obtained pathological specimens of tumor tissue. In the future work, we plan to compare the characteristics of EUS with pathological examination, and strive for a more detailed description of this kind of lesions, which will help digestive endoscopists to strengthen their understanding of the disease.

4. 1) Most of the cases are benign, except for a few cases with metastasis.

2) From the current case data, retrospective study found that gastric glomus tumor had no obvious specific clinical manifestations, only had the symptoms of heartburn, acid reflux, stool occult blood positive and other non-specific digestive system diseases. Endoscopic ultrasonography showed only the fourth layer, round, hypoechoic, halos, some cases with anechoic areas; some cases with small hyperechoic spots; We will observe the correlation between the clinical symptoms and the typical manifestations of EUS in the future. In order to make the readers more clear, the clinical and endoscopic ultrasound features of 12 cases of gastric glomus tumor are summarized in Table 1

Table 1 Clinical and Endoscopic ultrasound features of 12 cases of gastric glomus tumor

Case	Gender	Age (years)	Treatment methods	Location	Symptom	Diameter(cm)	Endoscopic ultrasound features	Ulceration	Follow-up time (years)	Recurrence
1	Female	36	ESD	anterior wall of gastric	Normal	1	the fourth layer,round,hypoechoic,halos	N	3	N

				antrum						
2	Female	47	ESD	lesser curvature of gastric antrum	Normal	1.2	the fourth layer,round,hypoechoic,halos	N	4	N
3	Female	56	Operation	lesser curvature of gastric antrum	Positive OBT	3.5	the fourth layer,round,hypoechoic,halos , with anechoic areas	Y	7	N
4	Male	63	ESD	anterior wall of gastric antrum	Epigastric pain,heartburn	1.5	the fourth layer,round,hypoechoic,halos	N	5	N
5	Male	65	ESD	lesser curvature of gastric antrum	Epigastric pain,heartburn	1.8	the fourth layer,round,hypoechoic,halos	N	2	N
6	Male	58	ESD	lesser curvature	heartburn	2.3	the fourth layer,round,hypoechoic,halos	N	4	N

				e of gast ric antr um			, small hyperechoic spots			
7	Fe ma le	54	ESD	less er curv atur e of gast ric antr um	heartb urn	2.1	the fourth layer,round,hyp oechoic,halos	N	6	N
8	Ma le	64	ESD	less er curv atur e of gast ric antr um	Epigas tric pain,h eartbur n	2.2	the fourth layer,round,hyp oechoic,halos  , small hyperechoic spots	N	1	N
9	Ma le	70	ESD	ante rior wall of gast ric antr um	Norma l	1.3	the fourth layer,round,hyp oechoic,halos	N	5	N
1 0	Fe ma le	56	ESD	less er curv atur e of gast ric antr um	Epigas tric pain,h eartbur n	1.7	the fourth layer,round,hyp oechoic,halos	N	3	N
11	Fe	55	Oper	less	Positiv	3.2	the fourth	Y	1	N

	male		ation	er curv atur e of gast ric antr um	e OBT		layer,round,hyp oechoic,halos , with anechoic areas			
1 2	Fe ma le	74	Oper ation	less er curv atur e of gast ric antr um	Nause a	2.8	the fourth layer,round,hyp oechoic,halos , with anechoic areas	N		N
									0.5	

Reviewer #2: In the Endoscopic Ultrasound section, it is written in the first line that all lesions were located in the gastric antrum during gastroscopy, but again subsequently it is mentioned that 3 cases had lesions located in the antrum and 9 had in lesser curvature (body) of stomach. Hence, the location of lesion seems to be contradictory, whether whole lesions were in the gastric antrum or some in the antrum and some in the lesser curvature (body) of stomach.

Response: We are sorry for our negligence of the ambiguity expression in the translation process . A more precise expression should be: The lesions were located in the anterior wall of gastric antrum in 3 cases and in the lesser curvature of gastric antrum in 9 cases.

We have made correction according to the Reviewer's another 16 comments.

Reviewer #3:I'm very glad to review the manuscript focusing on rare tumors and the subject of it is interesting... (1)The sample size ... (2)No method of ... (3)There is no ... (4)There is no ... (5)Figure 2 only... (6)Do not point ...

Response: We have made correction according to the Reviewer's comments. The method of enhanced CT is added. This is a retrospective study. All cases during this period were selected. Table 1 summarized the characteristics of these 12 cases. More images of portal phase, delayed phase and plain scan, and the arrow mark are added. More emphasis on the specificity of characteristic changes under EUS.

We tried our best to improve the manuscript and made some changes in the manuscript.

These changes will not influence the content and framework of the paper. And here we did not list the changes but marked in red in revised paper.

We appreciate for Editors/Reviewers' warm work earnestly and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

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