

We sincerely thank the editor and all reviewers for their valuable feedback that we have used to improve the quality of our manuscript. The reviewer comments are laid out below and specific concerns have been numbered. According to your nice suggestions, we have made extensive corrections to our previous draft.

**1. Please structure the paper according to the journal's guidelines. Also please consider reformatting the references. Those should be numbered based on their sequence in the text. The first cited reference has the number "3".**

We have made the necessary revisions to the article in accordance with the journal's guidelines, and we have reorganized the references accordingly.

**2. In the title, please write the full term of the analog used instead of the abbreviation, whether it is agonist antagonist.**

We have replaced "GnRH-a" with "gonadotropin-releasing hormone agonist".

**3. In the core top (line 35) and the introduction (line 45), the phrase "that may need to grow rapidly" is really vague. Please use the past tense since it happened in this case and disease progression after hormonal treatment discontinuation is also documented. So please specify the description of this case only.**

core top (line 35) has been replaced by "We reported a case of rapidly growing polypoid endometriosis possibly attributed to the discontinuation of gonadotropin-releasing hormone agonist(GnRH-a) discontinuation."

the introduction (line 45) has been replaced by "We described a case involving the accelerated growth of polypoid endometriosis, which could be linked to the discontinuation of gonadotropin-releasing hormone agonist (GnRH-a)."

**4. I am extremely against the given definition of endometriosis in the introduction. Please keep in mind that the endometriotic lesions share the same morphology and microscopic appearance of the endometrium BUT endometriosis is not endometrium. Briefly, endometriosis has different genetic and epigenetic regulations from the endometrium. Therefore, please define it as: "Endometriosis is the presence of the endometrial-like glands and stroma out of the uterus. While polypoid endometriosis is a rare subtype of endometriotic lesions.....". Please refer and cite to the following book chapter: [https://doi.org/10.1007/978-3-030-90111-0\\_9](https://doi.org/10.1007/978-3-030-90111-0_9)**

In accordance with the reviewer's specifications, we have updated the definition of endometriosis.

**5. Lines 66 to 74 and lines 79 to 86 should be written in the imaging examination section. This section should have a detailed explanation of the radiologic findings rather than only the figures with their captions.**

We have modified it to describe the radiologic findings in accordance with the requirements.

**6. The figure's captions of figures 1, 2, and 3 are insufficient since those only have dates. Please explain briefly the findings and it would be much better to add labels or arrows on the pictures. This will help the readers to identify the structures and the lesions.**

We have provided a concise explanation and marked the lesions on Figures 1, 2, and 3.

**7. Please mention whether the pathologist detected any signs of atypia, which may made the diagnosis "Atypical polypoid endometriosis".**

The pathologists have not identified any atypical cells in their examination, leading to the final pathological consideration of extensive polypoid endometriosis.

**8. In the discussion section, please mention that some rare types of endometriomas may be found in postmenopausal women free in the abdomen without originating from the ovaries or other pelvic organs, but receive their blood supply from the omentum. The interesting part is that those endometriomas may not be related to hormonal therapy. Please discuss and cite the following paper:**  
<https://doi.org/10.1186/s12905-020-01054-x>

I deeply apologize, but we are unable to discuss or reference the article recommended by the reviewer, as it pertains toFree large sized intra-abdominal endometrioma, which is not closely related to our case of polypoid endometriosis.

**9. The paper requires careful English language revision as it has many grammatical and linguistic faults. Please have it revised by a native English speaker or someone fluent in English.**

We have submitted the revised article to AJE, the language company recommended by BPG, for proofreading