

Thank you for scrupulous review of our manuscript and valuable comments. We have made additions and revised the manuscript per the points that you have made.

We made change according to the publication format of World Journal of Clinical Cases using subsections in CASE REPORT section, and split the DISCUSSION section to add CONCLUSION section. We added laboratory results to fill up the “laboratory examinations” subsection.

Here are the responses to the comments. We hope the followings are those of what are to be supplemented. Authors made change of manuscript according to your recommendation and marked it in **red color**.

The authors report a case of neck peri-postthyroid-ectomy scar nodular recurrence of papillary thyroid carcinoma 10 years after the initial tumor (resection). The case is of interest, the peculiarities should be better pointed out.

The authors could detail the data on the lymph node metastases found: size of these lymph nodes (and comparaisn to the periscar nodule).

<reply>

We added size of metastatic lymph node in CT, on “imaging examinations” section, as below

Additional imaging studies were preformed to find out another metastatic lesion. A suspicious metastatic lymph node **measured 5 mm** on level IV was observed on the right cervical area through ultrasound and CT imaging (Figure 1C).

And also added the size of the foci of metastatic lymph node, on FINAL DIAGNOSIS section, as below.

During the gross examination for excisional biopsy of skin and soft tissue, the specimen reveals a round

light yellow to brown solid soft mass without necrosis in the superficial subcutaneous layer, measuring 1.4x1.0cm, Figure 2(A). On microscopic examination, it shows a relatively well defined round solid mass in subcutaneous. It reveals no lymph node architecture nor residual thyroid tissue in the submitted specimen, Figure 2(B). The mass is composed of multiple papillary architecture showing nuclear enlargement, nuclear groove and inclusion which is shown in typical papillary thyroid carcinoma, Figure 2(C). The tumor reveals neither lymphatic nor perineural invasion using histologic features. And the results of immunohistochemical stainings, Figure 2(D and E). Using the deeper cut section, the tumor reveals no lymph node architecture.

The authors could detail the microscopy description: could the periscar nodule correspond to a lymph node metastasis destructing completely the lymph node? did the authors detect vascular emboli? The initial right thyroid lobe tumor could be described: size, subcapsular?, similar.

<reply>

We added it on FINAL DIAGNOSIS section.

Thank you for the good comment. Lymph node metastasis destructing completely the lymph node is difficult to distinguish from tumor deposits, which is commonly issued in the coloral area. The problem remains elusive. However, one of the ways to check the lymph node metastasis destructing completely the lymph node is to perform an additional deeper cut. In this case, the deeper cut section was performed, but no evidence of lymph node tissue was observed. Also, given that the size of the maximal size of lymph node metastasis is up to 1.2mm, it is considered reasonable to view it as a tumor recurrent by NTI. Further more, additional immunohistochemical stainings does not show lymphovascular Invasion.

We added figure D and E.

Initial right thyroid lobe tumor?

It added on *History of present illness* section.

Did the authors examine the left thyroid lobe?

<reply>

We did not find any abnormality in the left thyroid lobe, both imaging study and the pathologic evaluation.

It added on FINAL DIAGNOSIS section.

Long and complex sentences (ex "In this study //") should be simplified: 1 idea/1 sentence. Examples of words/phrases to reformulate ""presents indolent features" paucisymptomatic? "her neck" the neck of the patient "thyroid lobectomy due to PTC" for PTC

<reply>

We made changes that reviewer pointed out.

- ✓ In this study, we report recurrence of PTC in subcutaneous area combined with lymph node metastasis. A suspicion of needle tract implantation after core needle biopsy was found.
- ✓ Papillary thyroid cancer (PTC) has good prognosis so that the local recurrence or distant metastasis can occur later on the lifetime follow up
- ✓ the patient received core needle biopsy through the neck of the patient midline and hematoma was noted after the procedure.
- ✓ A 66-year-old female patients who underwent right thyroid lobectomy for PTC complained of palpable nodule on anterior neck area.

The Figures could be better presented: arrows could be added to the ultrasound examination photographs (as well as to the microscopy photographs).

<reply>

We added some arrows in the figures.

Past tenses should be used for original data (ex Figure legends).

<reply>

We made changes in Figure legends, as below, adding new figures.

Figure 1 Radiologic images of initial diagnosis of papillary thyroid cancer. Tumor located in right middle lobe of the thyroid(A) and postprocedural hematoma (B) after core needle biopsy through isthmus observed by ultrasonography.(C) presents computed tomography of enlarged lymph node at level IV, performed after excisional biopsy of skin tumor

Figure 2 Macroscopic finding (A) and microscopic images (B, C, D, and E) of recurrent PTC in soft tissue. Figure 2(A) shows a round light yellow to brown solid soft mass showing focal hemorrhage without necrosis in the superficial subcutaneous layer, measuring 1.4x1.0cm. Figure 2(B) shows a relatively well defined round solid mass in subcutaneous layer in low power field examination. No lymph nodal tissue or residual thyroid tissue was found in the submitted specimen (H&E, ×12.5). In figure 2(C), the mass shows multiple papillary architecture showing nuclear enlargement, nuclear groove and inclusion which is shown in typical papillary thyroid carcinoma (H&E, ×100). In figure 2(D and E), neither lymphovascular nor perineural invasion was observed in tumor (D2-40, ×100 and CD34, ×100, respectively).

References: please verify for uniform format, ex ref 4.

<reply>

We made change in reference 4.