

Dear Editor,

Thank you very much for your attention and for the reviewer's comments concerning our manuscript entitled "Recurrent postmenopausal bleeding: just endometrial disease or ovarian sex cord stromal tumor? A case report and literature review"(NO:66215). Those comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made correction according to your kind advices and reviewer's detailed suggestions. All of the revisions that we have made to the revised manuscript can be found in enclosed content and also have been highlighted in the updated version of the manuscript. We sincerely hope this manuscript will be finally acceptable to be published on World Journal of Clinical Cases. Thank you very much for all your help and looking forward to hearing from you soon.

Best regards

Sincerely yours,

Dandan Wang

Please find the following Response to the comments of reviewers and editors:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The authors report a case of ovarian cellular fibroma with estrogenic activity. The case report is original and well described. I have only a major comment. Why did the authors not consider including inhibin B in the laboratory tests? They should also discuss this shortcoming considering what has recently been reported by EV et al, Benign ovarian thecoma with markedly elevated serum inhibin B levels mimicking adult granulosa cell tumor. Gynecologic Oncology Reports 34 (2020) 100658.

Response: Thanks for the reviewer's kind suggestion and initial recognition for our manuscript. Because ovarian granulosa cell tumor is rare in clinic, we really lack clinical experience in detecting inhibin B. However, after you put forward this valuable suggestion, we carefully studied the knowledge of inhibin B, added "At the same time, ovarian fibroma should also be distinguished from ovarian granulosa cell tumor (GCT) and thecoma, which usually have estrogen activity. GCT usually secretes estrogens and inhibin, especially inhibin B[8]. Therefore, elevated serum inhibin B is regarded as a classic marker of GCT. However, Carballo et al. demonstrated a case of benign ovarian thecoma with markedly elevated serum inhibin B levels, suggesting that inhibin B is not entirely specific to GCT[9]. Patients with endocrine disorders need their inhibin B levels to be evaluated. Unfortunately, we did not consider testing the inhibin B levels in the patient" in the discussion part. In the future clinical work, we will apply the detection of inhibin B to similar patients. Thank you again for your valuable suggestions.

References:

8. Gică C, Cigăran RG, Botezatu R, Panaitescu AM, Cimpoca B, Peltecu G, Gică N. Secondary Amenorrhea and Infertility Due to an Inhibin B Producing Granulosa Cell Tumor of the Ovary. A Rare Case Report and Literature Review. Medicina (Kaunas, Lithuania) 2021; 57

9. Carballo EV, Gyorfí KM, Stanic AK, Weisman P, Flynn CG, Kushner DM. Benign ovarian thecoma with markedly elevated serum inhibin B levels mimicking adult granulosa cell tumor. *Gynecologic oncology reports* 2020; 34: 100658

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: The article is very good.

Response: Thanks for the reviewer's recognition for our manuscript. We have had our paper professionally edited for English language in a specialized institution and provided a certificate of English editing.

Editor's Comments

Science editor:

This manuscript may give the readers useful information.

Language Quality: Grade A (Priority publishing)

Scientific Quality: Grade C (Good)

Response: Thanks for the editor's initial recognition for our manuscript. We have revised the manuscript according to the reviewers' comments.

Company editor-in-chief:

I have reviewed the Peer-Review Report, 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. 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. Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

Response: Thanks for the editor's advice. We have uploaded the figures as separate electronic files and arranged them using PowerPoint, and we have uploaded the funding agency copy of approval documents.

Other changes:

We have made many grammatic and spelling revisions as well as some format modification which have been highlighted in the updated version of the manuscript.