

**We truly appreciate the reviewers' comments and suggestions regarding our manuscript (#77302) titled “Diffuse Uterine Leiomyomatosis: A Case Report and Literature Review” and believe that this feedback helped us significantly improve manuscript following extensive revision.**

Please note that the page- and line-numbers below refer to the 'tracked changes' version of the revised manuscript.

**Reviewer #1 (Comments to the Author (Required)):**

This is a case report of a diffuse uterine leiomyoma with a literature review. The authors highlight the importance of preserving reproductive function in presence of DUL. The literature review is rich but not well organised. The work can be improved. Some remarks should be highlighted:

1. The statement « It was then named DUL by Lapan and Solomon in 1979 and this name is still in use today » can be made more simple by deleting « this name is still in use today ».

REPLY

We thank the reviewer for pointing out this redundancy, and we deleted “this name is still in use today” (Page 1, Line 5).

2. I consider that the statement « The youngest patient reported in 2012 was only 16 years old [3] » shouldn't be written in the introduction.

REPLY

We appreciate the careful review, and we deleted the improper and overly detailed statement in the introduction (Page 1, Line 6,7).

3. Redundancy in the introduction « It presents mainly in young women of childbearing age » « However, the majority of patients are young ».

REPLY

We appreciate this valuable remark and have modified “However, the majority of patients are young, preserving reproductive function has become the focus of treatment” to “However, considering the early age of onset, preserving reproductive function has become the focus of treatment” (Page 1, Line 11,12).

4. The patient was untreated for her uterine leiomyoma in 2015. What are the causes?

REPLY

We thank the reviewer for raising this important point, and we apologized for not

[including the reason in the originally submitted manuscript. The family chose the observation for the following two reasons: she was quite young and did not experience menorrhagia. We have added this information to the revised manuscript \(Page 1, Line 26,27\).](#)

5. In the statement "intraoperative bleeding was up to 1800 mL » , the author didn't cite the causes of that important bleeding, could it be avoided?

#### [REPLY](#)

[We thank the reviewer for pointing out this problem. We used a uterine artery tourniquet, vasopressin and oxytocin to protect against intraoperative bleeding. However, this is far from enough for such a large uterus. Weak uterine contractions and extensive uterine incisions secondary to misdiagnosis and incomplete preoperative preparation were the main reasons for the bleeding. We have added details regarding the doses of vasopressin and oxytocin and the causes of bleeding to the paper. In addition, we analyzed the feasibility of GnRHa therapy before myomectomy as an approach to minimize the complications of misdiagnosis \(Page 3, Line 12-14, Page 6, Line 27,28, Page 7, Line 10-20\).](#)

6. In the statement « Hysteroscopic myomectomy (HM) plus hymen repair was performed on October 19, 2020 » , I consider that the date shouldn't be put in the case report. The author may replace it with « months later »

#### [REPLY](#)

[We thank the reviewer for pointing out this problem and have made the corresponding correction in the text \(Page 3, Line 28,29\).](#)

7. The discussion should start with a summary of the case presentation. The author should cite the main strengths and weaknesses of his work.

#### [REPLY](#)

[We thank the reviewer for this comprehensive assessment. Accordingly, we have added a summary of the case to the report \(Page 4, Line 14-16\). We have compared the case report's differences with the literature review, listed the case report's limitations, and provided a viable strategy to minimize the risk of misdiagnosis \(Page 4, Line 26- Page 5, Line 1, Page 7, Line 10-20\).](#)

8. The statement « gynecologists are struggling to seek appropriate methods to preserve reproductive function for those who desire fertility » can be improved by changing « struggling ».

#### [REPLY](#)

[We thank the reviewer for pointing out the misnomer and have replaced "struggling to seek" with "working to identify" \(Page 6, Line 9\).](#)

9. « After the new myomectomy, five patients became pregnant, with four undergoing cesarean section. Regrettably, the fifth ended in miscarriage. No uterine rupture is reported [25-27].” This statement can be improved. “After the new technique of myomectomy”. “No rupture was reported”

[REPLY](#)

[We appreciate the critical appraisal and reminder. We have revised the wording and grammar accordingly \(Page 6, Line 29- Page 7, Line 1\).](#)

**Reviewer #2 (Comments to the Author (Required)):**

DUL is a very difficult entity to diagnose and mostly confused with fibroids. A good MRI contrast enhanced surely helps in making diagnosis.

[REPLY](#)

[We thank you for taking the time to review our case report and greatly appreciate your comments.](#)

**Science editor**

Language Quality: Grade C (A great deal of language polishing)

Scientific Quality: Grade C (Good)

[REPLY](#)

[Thank you for the suggestions. We have sent the manuscript to American Journal Experts for language editing again to improve the quality of writing.](#)

**Company editor-in-chief:**

I have reviewed the Peer-Review Report, the 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. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”. 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. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous

publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022.

#### REPLY

Thank you for the reminder. We have prepared the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor and added the copyright information to the pictures.