

Apr 19, 2022

Dr. Ma

Executive Editor

*World Journal of Clinical Cases*

Dear Dr. Ma,

**(1) Thank you very much for your email considering our manuscript (Manuscript ID: 75870) on Apr 17, 2022. Those comments are valuable and useful for revising and improving our paper. We have carefully studied all the reviewer's comments and have made the appropriate revisions to our manuscript.**

**(2) The following are our specific answers to the reviewer's comments:**

**Reviewer 1:**

**1) "There are a lot of grammatical errors and spelling mistakes. Thorough language editing is suggested."**

Thank you for your carefully and patiently reviewing the manuscript, and we have tried our best to revise our manuscript.

**2) "Providing intra-operative and microscopic images will add value to the manuscript."**

We have provided a surgical video in supplementary material according to your suggestion.

**3) There are repetitions at many places. I would suggest authors to edit out the redundant contents.**

Thanks for the valuable suggestion. We have revised the redundant contents.

**4) Why was surgery delayed for about 1 month?**

During the hospitalization, the patient demanded to discharge for personal reason, so the time for diagnosis and treatment were delayed.

**5) Topic does not go in accordance with the content. Most common presentation of ileal hemangioma is in fact bleeding. What was**

**unusual about it?**

We have changed the title into "Cavernous hemangioma of the ileum in a young man: A case report and review of literature". But the unusual in this paper is that the endoscopic features of the lesion are different from the traditional cavernous hemangioma, which manifests as submucosal bulge and ulcer on the surface. It is easily misdiagnosed as malignant stromal tumor.

- 6) Mentioning dates in the case report section is not required. Only duration should be mentioned.**

It is a very good suggestion and we have revised the manuscript.

- 7) Hemangioma is not a pathogen, it's a pathology/disease (2nd paragraph, discussion section)**

We sincerely thank you for your constructive suggestion. Now the "pathogen" has been changed into "vascular malformation".

**Reviewer 2:**

- 1) The case summary says patient presented with melena and bloody stool. I would like to point out that it would be appropriate to replace bloody stool with hematochezia for consistency of explanation. Bloody stool is vague.**

Thanks for your valuable suggestion. Now the "bloody stool" has been changed into "hematochezia".

- 2) In case summary I suggest to mention the degree of anemia with the number instead of saying "significant anemia".**

We have changed "significant anemia" into "severe anemia".

- 3) Case summary says 340 cm back, it would be better to say 340 cm proximal to IC valve.**

We have revised the errors.

- 4) The case MD mentions occult GI hemorrhage, however, patient had clear intermittent melena and hematochezia in the first line. I would**

**recommend to eliminate the word "occult".**

We have eliminated the word "occult".

- 5) HPI mentions line: Hemodynamic stability maintenance, would recommend the authors to explain what they mean or remove it altogether.**

We have revised the errors and removed it.

- 6) Grammatical errors for example blood transfusion therapy and PPI inhibitors were" applied" is incorrect. Please reframe the sentence. The line after that is also grammatically incorrect please refrain.**

We have revised the errors.

- 7) there is no such thing as "free" previous medical history-kindly say no past medical history.**

It has been changed into "no past medical history".

- 8) Lab "examination" is incorrect remove examination and leave it at laboratory.**

Now we have changed "Lab examination" into "Laboratory testing".

- 9) I would recommend the authors to give liver, kidney, coagulation function results. What do you mean by auto antibody spectrum and tumor markers, kindly specify.**

We have revised as "The liver and kidney function, coagulation function, carcinoembryonic antigen (CEA), carbohydrate antigen 19-9 (CA19-9), and cancer antigen 125 (CA125) were normal".

- 10) What are " other" biochemical results. Please be specific.**

The other biochemical results including carcinoembryonic antigen (CEA), carbohydrate antigen 19-9 (CA19-9), and cancer antigen 125 (CA125) were normal, and we have corrected the sentence as previously described.

- 11) The authors mention dark red" fecal" blood. That is inappropriate use of terminology, kindly reframe or remove the word fecal.**

We have removed the word “fecal”.

- 12) Please remove the word fecal blood there is no such terminology. It has been use repeatedly.**

We have corrected the errors and changed it into “dark red blood”.

- 13) The treatment section has been explained in a very confusing manner would recommend to reframe it in a simplified way.**

We have reframe the paragraph in a simplified way.

- 14) Hemangioma is not a "pathogen". Pathogens are usually viruses or bacteria is, kindly reframe.**

The “pathogen” has been changed into “vascular malformation”.

- 15) Discussion section mentions that Dalia et al did a colonoscopy during remission. If the disease is in remission then would it not be obvious that there would be no signs of bleeding? Did the authors mean during asymptomatic disease, if that is the case kindly use the appropriate terminology.**

We have revised the errors and changed it into “during asymptomatic disease”.

- 16) Authors have mentioned that capsule endoscopy and DBE powerful "weapons". I would recommend to not use such words and be objective during explanation.**

It has been changed into “CE and DBE are used for diagnosing small bowel diseases”.

### **Reviewer 3:**

- 1) Many of these issues have been published in various journals. The question is what is the novelty of this manuscript compared to previous reports?**

Thank you for your carefully reviewing our manuscript. In response to the novelty of our manuscript, we give the following reasons:

- ① Small intestinal hemangiomas are more prevalent in the jejunum, but rare in the ileum.

② What is unusual in this paper is that the endoscopic features of the lesion are different from the traditional cavernous hemangiomas, which manifests as submucosal bulge and ulceration on the surface, no blue-purple appearance, thrombosis, or bleeding. It is easily misdiagnosed as malignant stromal tumor.

③ We summarize the cases of ileum cavernous hemangiomas in the past 20 years, and analyzed the clinical manifestations, endoscopic characteristics, CT characteristics and treatment methods of ileum cavernous hemangiomas, which can provide certain help for the clinical diagnosis and treatment of ileum cavernous hemangiomas.

**2) In terms of writing and grammar, there are some flaws, please correct them.**

We have revised the flaws of writing and grammar.

**3) There is no explanation about the type of CT scan device, the type of contrast drug to perform this CT scan.**

We have supplemented this part in "Imaging examination".

**4) In most cases, in the examination of hemangiomas by CT scan, images are prepared in three phases: non-injection phase, intravenous phase and delayed phase. There is no explanation in this regard. CT scan images should be based on these phases to confirm the presence of hemangiomas.**

We have supplemented the CT scan images of three phases and described the characteristics in "Fig 1".

**5) There are three CT scan shapes in the shapes section. The difference between these three figures in terms of cross- section and phase-type must be specified.**

As we previously described above, we have supplemented the CT scan images of three phases and described the characteristics in "Fig 1".

**6) The description states that the CT scan was taken by injection, but did not specify whether an oral contrast agent was used.**

The contrast-enhanced CT mentioned in the paper was taken by injection, not oral contrast agent.

**7) The report of CT scan images and histological images with hematoxylin and eosin staining is very brief and insufficient.**

We have supplemented this part in figure legend of "Fig 1".

**8) The figure below refers to HE staining Do you mean hematoxylin and eosin staining?**

It has been changed into "hematoxylin-eosin staining".

**(3) We hope that we have adequately addressed the constructive comments by both reviewers. We greatly appreciate your reconsideration of this manuscript for publication in your journal and look forward to your reply soon.**

Sincerely

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