

Lian-Sheng Ma
Editor-in-Chief
World Journal of Clinical Cases

Dear Editor-in-Chief,

Thank you for inviting us to submit a revised draft of our manuscript entitled, “Disseminated peritoneal leiomyomatosis with malignant transformation involving right ureter: A case report and literature review”, to *World Journal of Clinical Cases*. We also appreciate the time and effort you and each of the reviewers have dedicated to providing insightful feedback on ways to strengthen our paper. Thus, it is with great pleasure that we resubmit our article for further consideration. We have incorporated changes that reflect the detailed suggestions you have graciously provided. We also hope that our edits and the responses we provide below satisfactorily address all the issues and concerns you and the reviewers have noted.

To facilitate your review of our revisions, the following is a point-by-point response to the questions and comments delivered in your letter.

To Science editor:

1. Thank you for your scientific quality examination.
2. Thank you for your language evaluation. We have sent our manuscript for professional language editing service and confirmed that the spelling, grammar and syntax are concise.
3. We have provided the written informed consent of treatment.
4. Thank you for your supplementary comments.
5. We have incorporated author contributions on page 7, line 1-5. We have provided original pictures by a PowerPoint file in the attachment. We revised our references with PMID and DOI numbers. We also adjusted the “Case Presentation” section.

To Company editor-in-chief

Thank you for your kindly suggestion. We have provided decomposable figures into a single PowerPoint file.

To Reviewer 1:

Thank you for providing these insights. These advices are extremely helpful.

1. We have corrected inguinal “canals” to inguinal “areas” because we identified the lesion around the inguinal area not in the inguinal canal by CT scan.
2. We have added your questions and described in more details on page 2, line 7-10.

3. We have provided a clear description on page 4 line 1-2.
4. We have add the differential diagnosis between benign metastasizing leiomyoma and disseminated peritoneal leiomyomatosis on page 5, line 4-7.
5. The follow up duration was described in more details on page 4, line 4-5.
6. Yes, we advocated caution on morcellation of uterine fibroids and described on page 4, line 10-11.

5. Unfortunately we do not have perioperative pictures due to technical problems and the pictures were not saved successfully. This truly is a limitation of our case report, nevertheless, we do believe that surgeons could still learn from other clinical information we provided.

5. Information of tumor markers were added into the case presentation section (page 4, line 19) and discussion about its potential role was also added on page 7, lines 10-14.

To Reviewer 2:

Thank you for your insightful comments.

1. Thank you for your kind words.
2. We hope to publish and educate our readers when encountering this clinical scenario in the future.
3. We have changed ‘leiomyomatosis peritonealis disseminata’ to ‘disseminated peritoneal leiomyomatosis’.
4. Unfortunately we do not have the figure due to technical problems and the figure were not saved successfully. This truly is a limitation of our case report, nevertheless, we do believe that surgeons could still learn from other clinical information we provided.
5. We have moved it to the end of case report section.

CONCLUDING REMARKS: Again, thank you for giving us the opportunity to strengthen our manuscript with your valuable comments and queries. We have worked hard to incorporate your feedback and hope that these revisions persuade you to accept our submission.

Yours Sincerely,

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