

Dear Reviewers and Editors,

Thank you for your valuable comments regarding our manuscript entitled '*Total removal of a large esophageal schwannoma by submucosal tunneling endoscopic resection: A case report and literature review*', which we submitted to the World Journal of Clinical Cases. We earnestly appreciate the reviewers' hard work and taking their time to evaluate our manuscript and provide helpful comments to strengthen it.

We are pleased to enclose an updated version of our manuscript, which we have revised after carefully considering all the reviewers' comments. All revisions to the manuscript have been made using the revision tool in Microsoft Word. Below, we enclosed point-by-point responses to all the comments of the reviewers. Please note that we have made some minor grammatical improvements to the manuscript (these are also shown using the revision tool).

We hope our manuscript will be considered suitable for publication and look forward to contributing to the World Journal of Clinical Cases.

Yours sincerely,

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Reviewer #1:

Scientific Quality: Grade C (Good)

Novelty of This Manuscript: Grade B (Good)

Creativity or Innovation of This Manuscript: Grade B (Good)

Scientific Significance of the Conclusion in This Manuscript: Grade B (Good)

Language Quality: Grade B (Minor language polishing)

Reviewer's code: 06087956

Conclusion: Minor revision

Specific Comments to Authors: Dear Author; Congratulations and thanks for submitting the above-mentioned interesting article (Case report) for publication to the World Journal of clinical cases. I appreciate you and hope your case to be published. Comments: 1. The case is interested and well written. 2. The author describes that first report of STER for successful removal of an esophageal schwannoma >30 mm. (has you referred to the lasted published articles?), if this is the case, you can revise the manuscript accordingly to make your study more readable. 3. References are not given as written under the its heading (from 11 to 19, from 20 to 32 and the 37) are missing and not cited. 4. Some important parts in the discussion are mentioned, but not cited. 5. Figures and tables are missing. 6. The manuscript needs minor linguistic and grammatical polishing.

Q1: The case is interested and well written

Response: [Thank you for your comment.](#)

Q2: The author describes that first report of STER for successful removal of an esophageal schwannoma >30 mm. (has you referred to the lasted published articles?), if this is the case, you can revise the manuscript accordingly to make your study more readable.

Response: Thank you for your comment and suggestion. Herein, we have reviewed 12 years of English literature from 2011-2022 and concluded that our case is the first report that merely used STER to resect an esophageal schwannoma with a maximum diameter of > 30 mm. In other reports, the resected lesions using STER alone were < 30 mm. In addition, the esophageal schwannoma larger than 30 mm underwent surgical excision or STER combined with thoracoscopic resection.

To make our study more clear and readable, we have summarized the information on management and size in Table 4. We also made a minor change in the first sentence of the last paragraph of the discussion section as follows:

We changed “To the best of our knowledge, and this is the first report of STER for successful removal of an esophageal schwannoma >30 mm. ” to “To the best of our knowledge, this is the first report of using STER alone for the successful removal of an esophageal schwannoma >30 mm. ”

Q3: References are not given as written under the its heading (from 11 to 19, from 20 to 32 and the 37) are missing and not cited.

Response: Thank you for your comment and suggestion. Firstly, we rechecked the order of citations and references from 1 to 37. In our article, the references from 11 to 19 and from 20 to 32 are included in the sentence of the second paragraph of the introduction part: The maximum diameter of most endoscopically resected masses over the past 12 years was less than 30 mm^[1-2,6-36]. This description arises from reviewing 12 years of English literature on esophageal schwannomas.

In addition, the 37th reference is mentioned in the sentence: Although no specific cutoff for size could be identified, most tumors >70 mm were removed by thoracotomy^[7,37]. (**paragraph 7, Discussion section**)

Q4: Some important parts in the discussion are mentioned, but not cited.

Response: Thank you for your comment and suggestion. We rechecked the order of citations and references. We also added 4 new citations in the discussion part as follows:

- a. Most cases of esophageal schwannoma are found incidentally during a physical examination and are commonly misdiagnosed ^[6, 24]. **(paragraph 4, Discussion section)**
- b. Previous reports on esophageal schwannoma have failed to correctly diagnose the tumor preoperatively^[6,7]. **(paragraph 4, Discussion section)**
- c. Esophageal schwannomas are mainly treated by surgical resection^[13]. **(paragraph 6, Discussion section)**
- d. However, in all these reports, including cases of esophageal schwannomas treated endoscopically over the past 12 years^[11,12,17,36], the size discussed was the maximum diameter of the tumor, while the supero-inferior diameter, antero-posterior diameter, and left-right diameters of the tumor were not analyzed separately. **(paragraph 8, Discussion section)**

Q5: Figures and tables are missing.

Response: Many thanks for the reviewer's reminder. According to the magazine system 's requirements for file upload, the Figure and table files were separately packaged and uploaded with the file names of "82426-Image File2-20.pptx "AND" 82426-Tables2-20.docx ", the detailed Figure and table information are as follows:

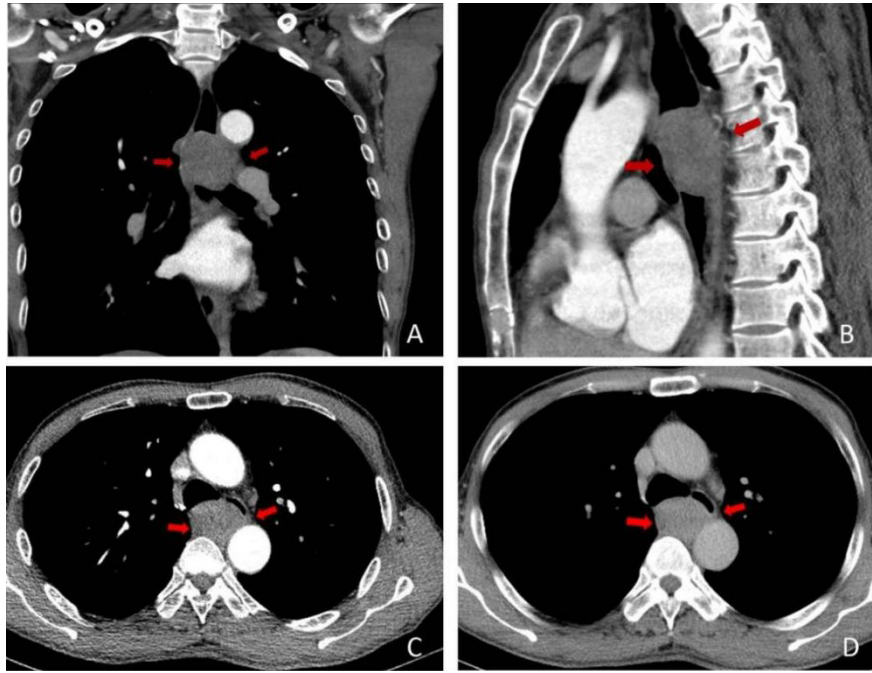


Figure 1 Plain and contrast-enhanced chest computed tomography. **A:** Coronal view of chest CT showed that the tumor in the middle and upper esophagus had clear boundaries and homogeneous density. **B:** Sagittal view of the CT scan revealed the mass was located in the posterior mediastinum, and the upper and lower diameters were larger than the anterior and posterior diameters. **C, D:** Axial view of CT demonstrated the tumor presented homogeneous enhancement.

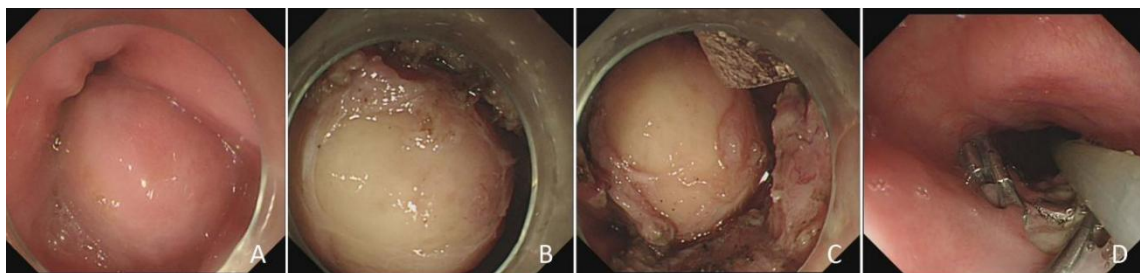


Figure 2 Steps of submucosal tunneling endoscopic resection. **A:** Upper gastrointestinal endoscopy showing smooth elevated lesion. **B:** Submucosal tumor. **C:** Peeling the lesion. **D:** Closing the mucosal incision site with clips.

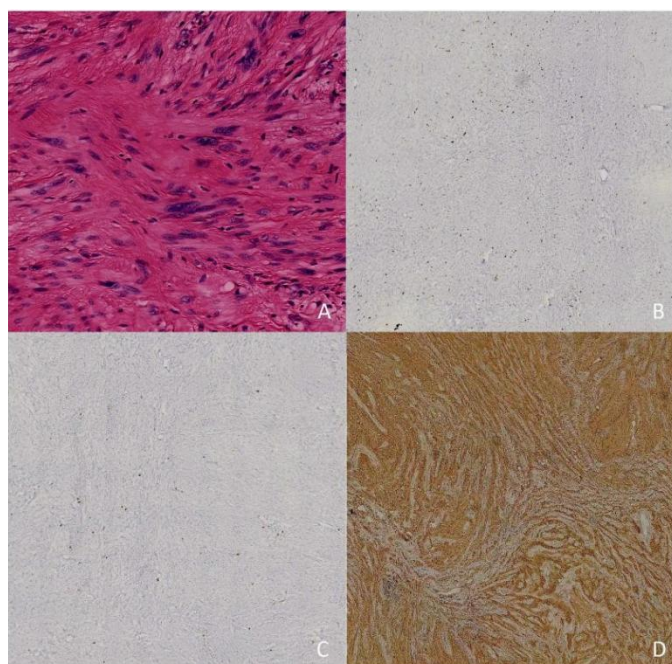


Figure 3 Histology and immunohistochemistry of the tumor. **A:** Histopathologic findings revealed spindle-shaped cells in a fasciculated and disarrayed architecture, and no pathologic mitosis was observed (hematoxylin and eosin staining; (magnification, 400). **B:** The mitotic activity rate was <5% on Ki-67 staining (magnification, 80). **C:** Immunochemical analysis revealed no staining with CD117 (magnification, 80). **D:** Immunohistochemical examination revealed S-100 protein positivity (magnification, 200).

Table.1-4 as follows:

Table 1. Esophageal schwannoma case reports in Pubmed during the last 12 years

Case	Author/ref	Year	Age	Sex	Location	Tumor size (mm)	Symptoms	Management	Malignant findings
1	Choo et al[10]	2011	22	M	Ut	80 × 60 × 30	Cough, dyspnea and dysphagia	Enucleation	benign
2	Wang et al[2]	2011	44	F	Lt	55×44	progressive dysphagia	surgical enucleation	Malignant
3	Liu et al[16]	2013	62	F	NA	90 × 40 × 30	Dysphagia and dyspnea	Partial esophagectomy and esophagogastrostomy	benign
4	Liu et al[17]	2013	NA	NA	NA	<30	NA	STER	benign
5	Kitada et al[6]	2013	55	F	UM	75× 57× 80	Palpitations and dysphagia	mini thoracotomy	benign
6	Gu et al[18]	2014	39	M	UM	35×32×12	Obstructive sensation	VATS	benign
7	Jeon et al[19]	2014	63	M	Ut	94 × 89	No symptoms	thoracotomy	benign
8	Jeon et al[19]	2014	32	F	Ut	60× 85× 40	intermittent chest pain	VATS	benign
9	Tomono et al[20]	2015	59	M	Mt	109 × 72× 71	ysphagia, dyspnea, disturbed	Subtotal esophagectomy	benign
10	Wang et al[21]	2015	53	F	NA	NA	NA	Surgical excision	benign
11	Wang et al[21]	2015	52	F	NA	NA	NA	Surgical excision	benign
12	Zhang et al[22]	2015	67	F	NA	NA	Dysphagia	Surgical excision	benign
13	Mishra et al[1]	2016	27	F	Mt	120×100×101	dysphagia and palpitations	surgical enucleation	Malignant
14	Watanabe et al[23]	2016	39	F	Ut	55 × 45 × 24	Epigastric pain, difficulty swallowing	Surgical excision	benign
15	Chen et al[24]	2016	46	M	Mt	30×20×17	Discomfort during swallowing	VATS	benign
16	Chen et al[24]	2016	42	F	Ut	30×40×40	Dysphagia	Enucleation	benign
17	Chen et al[24]	2016	58	F	Ut	80×60×60	Dysphagia	Enucleation	benign
18	Onodera et al[12]	2017	47	F	Ut	60	Dysphagia	Thoracoscopic + endoscopic excision	benign
19	Moro et al[25]	2017	66	M	Ut	52 × 40 × 31	Dysphagia	Surgical excision	benign
20	Zhang et al[13]	2018	48	F	Mt	69×36	Dysphagia	Robot-assisted enucleation	benign
21	Iwata et al[26]	2018	74	F	Ut	80×42	loss of consciousness	Surgical excision	benign
22	Zhu et al[27]	2019	55	F	Mt	25×25×20	Dysphagia and chest pain	left thoracotomy with subtotal esophagectomy	benign
23	Souza et al[28]	2019	43	M	Ut	70	Pharyngitis,odynophagia,hemoptysis	Surgical excision	benign
24	Ramos et	2019	40	F	Ut	80×45×20	Pharyngitis, odynophagia,	Surgical excision	benign

	al[29]						dysphagia		
25	Degheili et al[30]	2019	50	F	Ut	78×54×105	dyspnea and dysphagia	Surgical excision	benign
26	Matteo et al[31]	2020	22	M	Lt	37×28×70	Dysphagia	subtotal esophagectomy	benign
27	Wu et al[7]	2020	67	F	Ut	61×46×60	dysphagia and dyspnea	Surgical excision	benign
28	Li et al[11]	2020	59	M	Lt	14×5	upper abdominal distension	Endoscopic submucosal excision	benign
29	Li et al[11]	2020	51	F	Mt	18×20	heartburn	STER	benign
30	Li et al[11]	2020	50	M	Lt	28×22	dysphagia	STER	benign
31	Wang et al[8]	2021	62	M	Lt	53× 39× 50	severe dysphagia	VATS	benign
32	Matsui et al[32]	2021	50	M	Lt	20	Asymptomatic	VATS	benign
33	Khalayleh et al[33]	2021	61	F	Ut	50×30	dysphagia	VATS	benign
34	Zackria et al[15]	2021	78	F	Ut	30	dysphagia	FNA	benign
35	Khan et al[34]	2021	60	F	Lt	76×46×66	dysphagia	right-sided VATS	benign
36	Wang et al[35]	2022	70	F	Ut	32 × 40 × 54	dysphagia	VATS	benign
37	Froiiio et al[14]	2022	55	F	Ut	65×47	dysphagia	Robotic enucleation	benign
38	Gupta et al[9]	2022	62	F	Mt	51×31	dysphagia	FNA	benign
39	Nashed et al[36]	2022	72	F	Mt	29 x 29 x 21	dysphagia	STER	benign
40	current article	2022	62	M	Mt	55×35	dysphagia	STER	benign

NA: not available; F: female ; M: male ; Ut: upper thoracic esophagus; Mt: middle thoracic esophagus; Lt: lower thoracic esophagus; STER: submucosal tunneling endoscopic resection; FNA: fine needle aspiration ; VATS: video-assisted thoracoscopic surgery

Table 2. Clinical characteristics of schwannomas

Characteristics		n (%) s	Characteristics		n (%) s	Mean
		(Total 40)			(Total 40)	
Location	Upper/middle	28 (70%)	Sex	Male	13(32.5%)	
	Lower	7 (17.5%)		Female	26(65.0%)	
	NA	5 (12.5%)		NA	1(2.5%)	
Malignant findings	Benign	38 (95%)	Age(y)			55.92±2.17
	Malignant	2 (5%)				

NA: not available

Table 3. Clinical symptoms

symptoms	n (%) s (Total 40)
dysphagia/ odynophagi	31 (88.57%)
Epigastric pain/upper abdominal distension	3(8.57%)
Palpitations/chest pain	4(11.43%)
dyspnea	5 (14.29%)
Cough	1(2.86%)
hemoptysis	1(2.86%)
Loss of consciousness	1(2.86%)
Pharyngitis/pharyngodynia	2 (5.71%)
Asymptomatic	2 (5.71%)
NA	5 (14.29%)

NA: not available

Table 4. Management and Tumor size

	n (%) s	Maximum diameter (mm)
Total	40	Mean: 67.25 (±4.72)

			The largest	The smallest	Mean
Management	Surgical excision	29 (72.5%)	120	20	67.25±4.72
	/ VATS				
	Endoscopic excision/STER	5 (12.5%)	29	14	22.75±3.54
	current article (STER)	1 (2.5%)	55		
	Robot-assisted excision	2 (5%)	69	65	
	FNA	2 (5%)	51	30	
	Thoracoscopic + endoscopic excision	1 (2.5%)	60		

FNA:fine needle aspiration ; VATS:video-assisted thoracoscopic surgery; STER:submucosal tunneling endoscopic resection;

Q6: The manuscript needs minor linguistic and grammatical polishing.

Response: Many thanks for the reviewer's precious suggestions. We hand the revised manuscript to a professional English proofreading company to further refine the language, and we will provide a new certificate.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Novelty of This Manuscript: Grade B (Good)

Creativity or Innovation of This Manuscript: Grade B (Good)

Scientific Significance of the Conclusion in This Manuscript: Grade B (Good)

Language Quality: Grade B (Minor language polishing)

Reviewer's code: 06109990

Conclusion: Accept (General priority)

Specific Comments to Authors: Dear authors, Thank you so much for revising your manuscript. I have only a few minor points need to be revised as they appear in the main manuscript file.

Response: Thank you for your kind suggestions, which greatly helped us to improve the manuscript's accuracy. Based on your comments, we have revised all minor notes mentioned in the main manuscript document.