

Round 1

Reviewer #1:

Scientific Quality: Grade C (Good)

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

Conclusion: Major revision

Specific Comments to Authors: Major Comments:

1. Are there controversies in this field? What are the most recent and important achievements in the field? In my opinion, answers to these questions should be emphasized. Perhaps, in some cases, novelty of the recent achievements should be highlighted by indicating the year of publication in the text of the manuscript.

Response: We thank the reviewer's suggestion. We have added one paragraph to introduce the controversies in this field (5th paragraph, introduction section). We have also added the publication year after recent studies (p.8, last paragraph, discussion section). The statements read as: introduction: The treatment of large or huge Bartholin's cysts can be controversial in the medical field due to several factors and considerations.^[4] One critical controversy is when to intervene in the case of a Bartholin cyst. Some doctors argue for immediate surgical drainage to relieve patient discomfort and prevent infection. Others believe in a more conservative approach, opting to wait and see if the cyst resolves independently before pursuing surgical intervention.^[5] “

Discussion section“ Nevertheless, the treatment of huge Bartholin's cysts is not well understood. We reviewed previous case reports, and only four patients with giant Bartholin's cysts were reported (Table 1).^[5,7,9,12] Three cases underwent total Bartholin's cyst excision, and one underwent marsupialization. Kallam *et al.* (2017) and Karaman *et al.* (2015) suggested that cyst excision is the best way to treat large Bartholin's cysts.^[9,12] Moreover, in another report, Noval *et al.* (2019) also suggested cyst removal.^[7] Lilungulu *et al.* (2017) suggested that marsupialization is an effective method for treating large Bartholin cysts.^[5] All four patients in the previous reports received broad-spectrum antibiotics after surgery, and no recurrence was noted. In summary of the treatment time for a large Bartholin cyst, most case reports are recommended to commence promptly. Only one case report (Lilungulu *et al.*) prescribed one week of antibiotics before marsupialization. Our case performed marsupialization immediately, followed by one week of oral antibiotics.”

2. The results and discussion section is very weak and no emphasis is given on the discussion of the results like why certain effects are coming in to existence and what could be the possible reason behind them?

Response: Thank you for your suggestion. We apologize for the issues in the results and conclusion section. We thoroughly review this section to enhance its clarity and

coherence, making the storyline easier to follow. Additionally, we reassess our conclusions to ensure they align with the empirical results. We greatly appreciate your valuable input, as it is instrumental in improving and maintaining the quality of our work.

3. Conclusion: not properly written.

Response: We thank the reviewer's suggestion. We have rewritten the conclusion to focus on managing a huge Bartholin's cyst. The statements read as: "While Bartholin's cyst abscess typically presents as a vulval mass, those involving a giant cyst, as seen in our cases, are exceptionally rare. The approach to managing these cases may differ from standard presentations depending on the level of discomfort experienced by the patient and the size and extent of the mass. A diagnosis can often be made through physical examination. Surgical management, involving marsupialization under antibiotic coverage, remains the definitive treatment."

4. Results and conclusion: The section devoted to the explanation of the results suffers from the same problems revealed so far. Your storyline in the results section (and conclusion) is hard to follow. Moreover, the conclusions reached are really far from what one can infer from the empirical results.

Response: Thank you for your suggestion. We apologize for the issues in the results and conclusion section. We thoroughly review this section to enhance its clarity and coherence, making the storyline easier to follow. Additionally, we reassess our conclusions to ensure they align with the empirical results. We greatly appreciate your valuable input, as it is instrumental in improving and maintaining the quality of our work.

5. The discussion should be rather organized around arguments avoiding simply describing details without providing much meaning. A real discussion should also link the findings of the study to theory and/or literature.

Response: We thank the reviewer's suggestion. We have rewritten the discussion section focusing on the management of Bartholin's cyst and adding recently published studies to discuss the management (discussion section).

Round 2

Comment: The results and discussion section is very weak and no emphasis is given on the discussion of the results like why certain effects are coming in to existence and what could be the possible reason behind them?

Response: In response to the reviewer's comment, we have added sentences in the case presentation and discussion section to address this issue. (1) In the case presentation section, we additionally reported information regarding "History of present illness", "History of past illness", and "Physical examination" to better describe the illness. (2) In the discussion section, we added a paragraph (3rd paragraph) to address how the clinical profile of this specific case leads to the speculation of the possible causes/reasons for this illness. We sincerely hope that the reviewer can approve our explanation.