Cover Letter

Dear editors and reviewers,

Thank you very much for taking the time to review this manuscript. We truly appreciate all your valuable comments and suggestions. We hereby submit the revised manuscript to be considered for publication in *World Journal of Clinical Cases*. We have addressed all the questions and provided point-by-point responses, which are attached to the end of this letter.

Here, I confirm that all authors who contributed significantly to the work have read and approved the manuscript and that the manuscript has not been published and is not being considered for publication elsewhere. Thank you again for your consideration. I look forward to your reply.

Sincerely,

Ying-Ying Xu

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Replies to Editors' Comments

#Science editor:

The manuscript has been peer-reviewed, and it' s ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

Reply: We truly appreciate your comments; thank you very much.

#Company editor-in-chief:

I have reviewed the Peer-Review Report, 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. 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. Before final acceptance, when revising the manuscript, the author must

supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: https://www.referencecitationanalysis.com/.

Reply: Thank you very much for your helpful suggestions. In the revised manuscript, we have revised the abstract, main text and figures according to the revision requirements.

Replies to Reviewers' Comments

#Reviewer 1:

Q1. Some corrections are necessary, such as in page 6 line 2 - "the lesion had mixed echogenicity" would better convey the meaning of this sentence.

R1. Thank you very much for your helpful suggestion. The sentence has been corrected as recommended. For details, please refer to the revised manuscript with tracked changes.

- FURTHER DIAGNOSTIC WORK-UP (Page 6, Line 2): "Ultrasound endoscopy revealed that the lesion had mixed echogenicity, predominantly hypoechogenicity, and involved the entire wall of the duct, with enlarged lymph nodes visible outside the wall."

Q2. Did the patient have any respiratory symptoms associated with pulmonary thromboembolism? Why is it described as "low to moderate risk" on the final diagnosis section?

R2. This patient had no respiratory symptoms associated with pulmonary thromboembolism, such as dyspnea, chest pain, or hemoptysis, and pulmonary embolism was an incidental finding on chest-enhanced CT. This patient was hemodynamically stable and had mildly elevated serum troponin and no right ventricular insufficiency; therefore, this patient was diagnosed with low- to moderate-risk pulmonary embolism according to the European Society of Cardiology (ESC) guidelines. A reference to the ESC guidelines was added to the reference list of this manuscript.

Q3. On the treatment section, it would be interesting to include information on the feeding route used on this patient, as he had significant dysphagia and weight loss.

R3. Thank you very much for your valuable suggestion. We have further added information on the feeding route as suggested:

- TREATMENT (Page 6): “In addition, due to the patient's significant dysphagia and weight loss, we gave him individualized intravenous nutrition infusion, including glucose, essential amino acids, fat emulsion and electrolytes.”

#Reviewer 2:

Q1. One point to query is why the patient underwent such a large array of investigations when he was initially referred. The referring hospital thought this to be a simple hematoma or hemangioma, but the patient then underwent investigations including multiple tumor markers, D-dimer, fecal occult blood test, CT chest, abdomen and pelvis and a cranial MRI on arrival at the authors' institution. From the text it seems these were all performed prior to the repeat gastroscopy where an esophageal melanoma was then suspected – where they perhaps done after the repeat scope once a malignancy (and not just a hemangioma)? Perhaps the authors can comment on this.

Reply: Thank you very much for taking the time to review this manuscript; we truly appreciate your comment. There were two reasons why we performed these examinations before repeating gastroscopy. First, after the patient was transferred to our hospital, we needed a certain amount of time to prepare for gastroscopy, including contacting experienced endoscopists and the pathology department in advance. During the waiting period, it was more efficient to perform some noninvasive examinations, which is conducive to faster diagnosis of this patient. Second, we believed that it was better to further evaluate the condition through noninvasive examinations such as assessments of tumor markers, fecal occult blood tests and enhanced CT before repeating invasive gastroscopy, which can provide physicians with more comprehensive information and avoid the risk of gastrointestinal massive bleeding caused by an endoscopic examination that is too invasive. In addition, the purpose of cranial MRI is to exclude the possibility of intracranial tumor or hemorrhage before administering anticoagulants to treat

pulmonary embolism.

Q2. I would also suggest under the History of past illness to change "The patients" to "The patient".

Reply: We apologize for the vocabulary error. The word has been corrected as suggested. Thank you.

Q3. Language Quality: Minor language polishing.

R3. We apologize for the vocabulary and grammar errors. We have performed a detailed revision and further polished the revised manuscript. Please refer to the revised manuscript with tracked changes and the new language certificate from a professional English language editing company.