

Dear editors and reviewers:

Thank you for your and the reviewers' comments concerning our manuscript entitled "Primary yolk sac tumor in the abdominal wall in a 20-year-old girl: a case report and review of literature" (82044). These comments are valuable and helpful for revising and improving our paper. We revised our manuscript according to the reviewers' suggestions. Revised portions are highlight in the paper. The comments were answered point by point as follows. Thank you.

Reviewer #1:

**Scientific Quality:** Grade D (Fair)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** General comments: The authors reported a rare case of extragonadal Yolk Sac Tumor (YST) in the abdominal wall. The tumor was surgically resected and the histological features were consistent with YST. Despite the rarity of this case, many information is lacking as a case report. Results and Discussion seemingly focused on histologic findings of this tumor. Please consider the following recommendations for further manuscript processing. Specific comments: 1. Title: A girl or woman? The patient was 20-year-old of age: so, if she has reached a maturity period and adulthood, the term would be appropriate for "woman".

**Response:** Following the reviewer's suggestion, we replaced the phrase "20-year-old girl" for "20-year-old woman" in the Manuscript title.

2. Abstract: The information regarding the treatment (surgical resection) must be included.

**Response:** Following the reviewer's suggestion, we added the treatment in abstract.

3. Abstract: A case- or disease-specific, conclusive statement must be documented in the Conclusion, rather than general comments.

**Response:** Following the reviewer's suggestion, we changed the Conclusion in the Abstract.

4. Introduction: It is not appropriate to insert a summarized table in the introduction. It must be Included in the discussion.

**Response:** Following the reviewer's suggestion, We moved the summarized table to the discussion.

5. Case presentation: This section has no radiological images. No differential diagnosis or decision-making process (for the treatment) has been presented.

**Response:** Because the location of the tumor was relatively superficial, there was no imaging information at the beginning. PET-CT was done after surgery to check whether there were lesions in her uterus and both adnexa, we found that the uterus and both adnexa were good. Supplemental figure1 as follows.

We discussed the differential diagnosis in the discussion section.



6. Case presentation, L66-69: Any images of physical examination available? Was the tumor visible under the skin?? (the sentence may refer to the macroscopic finding of the tumor)

**Response:** Surgical resection of the mass is in Supplemental figure 2. Because the specimen was placed in the specimen bag after surgical resection, the pictures were not taken clearly, so they were not placed in the article at the beginning.



The original picture was as follows:



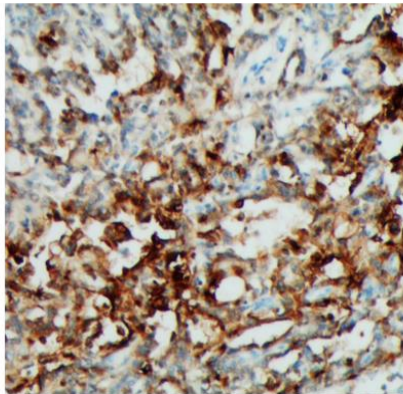
7. Results: Any macroscopic images available? They are very helpful for better understanding of the tumor histopathology.

**Response:** We added the macroscopic image in Supplemental figure 2. Because the specimen was placed in the specimen bag after surgical resection, the pictures were not taken clearly, so they were not placed in the article at the beginning. As the response to Specific comments 6.

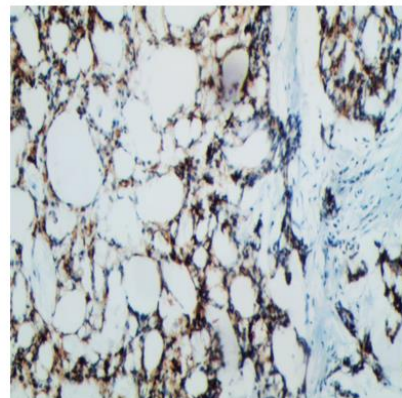
8. Results, L120: Immunohistochemistry images of CD117 and EMA may be additionally provided.

**Response:** While CD117 and EMA were positive in a little range of neoplastic cells (Because the positive range was minimal (around 5%), we have reason to suspect that they were false positives), so we thought it was unnecessary to provide them at the beginning. You can see them as follows.

**EMA**



**CD117**



9. Results, L127-129: The sentence “which is a very authoritative and famous hospital in China” is not necessary for this manuscript.

**Response:** Following the reviewer’s suggestion, We deleted the sentence “which is a very authoritative and famous hospital in China”.

10. Results, L129-131: The authors’ speculation “Ultimately, we believe that this was also a special feature of our case that is different from previous YST cases” would be appropriate in the Discussion.

**Response:** Following the reviewer’s suggestion, We put the sentence “Ultimately, we believe that this was also a special feature of our case that is different from previous YST cases” in the Discussion.

11. Results, L132-134: Surgical details (approach, technique, operative time, estimated blood loss, etc.) are lacking. Any intraoperative images available? Was the postoperative course uneventful?

**Response:** Following the reviewer's suggestion, We added the surgical details in the Treatment section.

12. Results, L134-137: Consider the right place of the sentence regarding IRB statement and informed consent, not between the explanations of patient postoperative outcomes.

**Response:** Thank you for your suggestion. We moved them to the right place.

13. Discussion, L165-168; This is the first statement that this patient underwent PET-CT during the work-up. This should be included in the Case presentation.

**Response:** Because the location of the tumor was relatively superficial, there was no imaging information at the beginning. PET-CT was done after surgery to check whether there were lesions in her uterus and both adnexa, we found that the uterus and both adnexa were good. Supplemental figure1 as

follows.



14. Conclusions, L204-209: Apparently, there was no “thoughtful and detailed” diagnostic process for this patient, because any radiological information or comprehensive preoperative evaluation/review are lacking. Please add the information above to strengthen the conclusive message.

**Response:** Because the patient did not have any medical history and was only admitted to the hospital with a subcutaneous mass, many relevant examinations were not done preoperatively. Our final diagnosis was based mainly on postoperative pathological features. Pathological diagnosis is considered the gold standard for disease diagnosis and is therefore persuasive.

15. Conclusions, L209-214: The description on the patient prognosis must be included in the Results.

**Response:** We added the description on the patient prognosis in the Conclusions.

16. Figures: All images in Figure 1, 2 and 3 must be displayed with magnifications.

**Response:** In figure1, histological findings from the resected tumor specimen showed typical areas at low power magnification( $\times 100$ ); Then, we zoomed them at high power magnification in figure 2( $\times 200$ ). If the magnification continues, typical lesions will not be fully demonstrated. The same reason of figure 3.

Reviewer #2:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** This is an uncommon report and is well-written. The authors should provide more clinical details about the patient. Since when was the lump first noted? Was it present for a long and sudden increase, or noted six months ago and increasing gradually since then? Was it painful?

**Response:** Thank you for your suggestion and affirmation. The lump first noted in November 2021, which had progressively enlarged,so she admitted to the First Affiliated Hospital of Jinzhou Medical University in January 2022. It was not painful or itchy. And we added them in case presentation.

The operative details and intraoperative picture are good to show in these rare reports. The case presentation section is not very clear. After the palpation, there is a description of the cut surface of the tumor. The chain of events needs to be clear. Was it a trucut biopsy or an open biopsy? The sequence could be- clinical details, radiological modalities, biopsy confirmation, a surgical procedure including postoperative status and follow-up of the patient, and histopathology details. There is too much description of the pathology section. It may be curtailed to salient findings in brief. Please highlight the unique points of the present report. It is important to inform why your report is worth publishing. As mentioned earlier, please include clinical and intraoperative pictures of the patient. There are too many histology pictures. Kindly keep only those with finding suggesting YST.

**Response:** Following the reviewer's suggestion, We added the operative details and intraoperative picture ( Supplemental figure 1 and 2) in the case presentation section. And according to the reviewer's suggestion, we rearranged the Case Presentation section.

Reviewer #3:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** -In abstract: You can use the common abbreviation EMA following "epithelial membrane antigen"

**Response:** Thank you for your suggestion and affirmation. We used the common abbreviation EMA following "epithelial membrane antigen" .

-I wonder why do you separate (case presentation) as methods, results, etc?

**Response:** According to the reviewer's suggestion, we rearranged the Case Presentation section.

- Revise punctuation of the whole manuscript.

**Response:** Thank you for your suggestion. We revise the language and punctuation of the whole manuscript. The edit was performed by professional editors at Editage, a division of Cactus Communications.

- Before listing the performed immunohistochemical markers, you should present the provisional pathological diagnosis and differential diagnosis

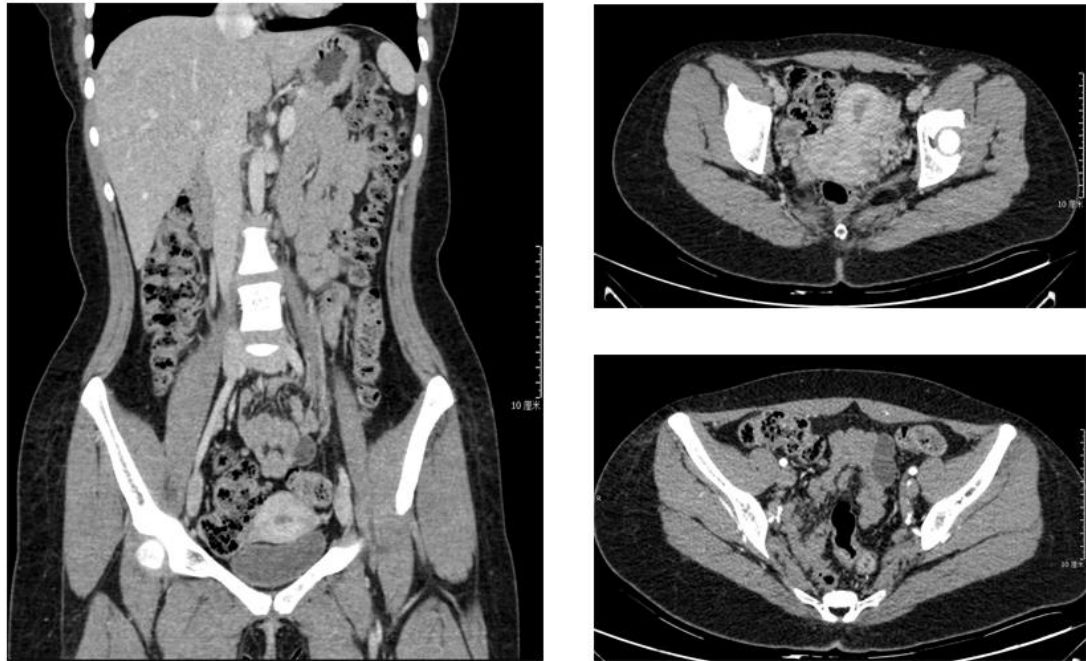
**Response:** We discussed the differential diagnosis in the discussion section.

- Clinical differential diagnosis also should be mentioned in addition to radiological investigation results.

**Response:** The lesion was well defined, was not capsulated, normal skin without redness or swelling, poor range of motion, and no tenderness. It was first considered as a possible soft tissue tumour or metastatic carcinoma in the Treatment section.

- Did you examine the ovaries and uterine cavity?

**Response:** PET-CT was done after surgery to check whether there were lesions in her uterus and both adnexa, we found that the uterus and both adnexa were good. Supplemental figure1 as follows.



- What about prognosis of such patient?

**Response:** As for the prognosis of the disease is generally poor, the authors could follow up the patient closely, We added them in the Conclusions.

- Discussion lacks citing sources in somewhere.

**Response:** We rechecked the discussion section.

- Histopathology figure should includes the type of staining (H&E) and magnification power.

**Response:** Following the reviewer's suggestion, We added them in figure Legends.

## Round 2

### Reviewer #1:

For some reasons, the Image files cannot be downloadable. The warning message came out and that indicated the files may have been broken. Therefore, the assessment is incomplete. Could you please fix them??

**Response:**Following the reviewer's suggestion, we re-uploaded the image file.

Specific comments: 1. Abstract: A repetitive sentence was found in the end of Case summary and Conclusion. Conclusion (in the abstract) should include disease-specific, conclusive statement, that is, "so what" sentences. In Conclusion section (in the main text) has included such phrases. Please summarize the "Conclusion section" and rewrite. 2. Supplementary figure 1: Were these really PET-CT?? They look like normal CT without FDG injection. 3. "Image files" cannot be downloadable. The warning message came out and that indicated the files may have been broken. Therefore, the assessment is incomplete.

**Response:**1.Following the reviewer's suggestion,we rewrote the Conclusion (in the abstract).As follows: As imaging features in this context lack specificity, an accurate diagnosis relies on pathological examination. Various proportions of the classic components detected microscopically along with immunohistochemical staining can provide a confident diagnosis of the yolk sac tumour. So that,in clinical work, routine pathological examination shouldbe considered. 2.After repeated communication with the clinician, this is the enhanced CT image.Thank you very much. We need to make some changes in the article. 3.we re-uploaded the image file.