

ROUND 1

Responses to the Editor's and Reviewer's Comments

Reviewer #1:

Scientific Quality: Grade C (Good)

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

Conclusion: Major revision

Specific Comments to Authors:

This article reports a case of perforation caused by small intestinal vascular leiomyoma, a rare condition. The diagnosis is probably correct, and the report is clinically valuable. However, the description of the histopathologic findings is inadequate. More detailed information on this important point would be beneficial. To improve the comprehensibility of the article, it would have been beneficial to focus on the histopathological findings and provide a clear description of the characteristics of the lesions and histological features. Additionally, including gross photographs of cut-surface of the tumor, if possible, would enhance the reader's visual understanding and improve the quality of the paper. Please consider these suggestions.

Answer:

I have discussed with one of our authors who responsible for histopathologic reading. And I add some description over the manuscript and figure. Which will focus on how we identify the angioleiomyoma and subtype. About the photographs of cut-surface, it is to pity we don't do this procedure at that time. That because we thought that was GIST at that time. We will improve the procedure in the future. Thanks for reviewing our manuscript!

ROUND 2

Responses to the Editor's and Reviewer's Comments

Specific Comments to Authors: Figure 3a shows that the tumor is predominantly located outside the small bowel wall. It is possible that this

location of the lesion was important in the pathologic process in this case, and it is inappropriate to describe it as a submucosal tumor. I think the lesion should be explained to be an extramural tumor.

Answer :

Thank you for the reviewer's evaluation. I have conferred with one of our co-authors, Dr. Lee. Upon careful examination of the patient's pathology tissue, we observed a connection of some portions of the tissue with the submucosal layer. Following thorough discussion, it has been unanimously agreed upon to designate the lesion as a subserosal tumor instead. We express our heartfelt gratitude for your invaluable assistance in enhancing the comprehensiveness of our assay. The accompanying image illustrates the specific segment of the tumor under review.



