

Dear editor, hello:

We have made modifications according to the requirements of the publishing house and reviewers, adjusting the content, format, images, and tables of the article. The corresponding information has been uploaded and submitted.

we hope to receive your affirmation, thank you very much.

Furthermore, I deeply apologize. Due to heavy work at the end of the year, the revision progress of the article was slow.

Best regards!

1、 03413953 Nothing specific to comment. Rare case to be kept in mind while evaluating inguinoscrotal mass.

Related replies:

Please refer to our discussion section for details on the analysis of scrotal tumors.

Scrotal tumors include primary tumors of the scrotum, metastatic tumors, and tumors that herniate into the abdominal cavity[10]. Primary tumors of the scrotum mainly include testicular tumors and testicular adnexal tumors[11].

The incidence rate of testicular tumors is approximately 1/100000, accounting for 1-2% of male tumors. More than 90% of testicular tumors are malignant tumors, including germ cell tumors, sex cord/stromal tumors, and secondary tumors, among which germ cell tumors account for more than 90%. Testicular adnexal tumors refer to tumors originating from the epididymis, spermatic cord, white membrane, seminal vesicle, and supporting tissues, which are rarely seen clinically[12,13].

Before surgery, B-ultrasound, CT, MRI, and other examinations are recommended[14,15]. Additionally, complete laboratory tests, such as those for HCG, CEA, AFP, and LDH, are recommended.

2、 02465209 This is a brief discussion if a rare finding in inguinal hernia with extensive reasonable preoperative workup. Since the preoperative workup was complete operative findings were largely expected and appropriate operation was performed. Although this is well written I don't think this has high importance. More discussion on preoperative symptoms and physical exam with a diagram of decision points and preop workup decision would be helpful to other practitioners finding themselves in a similar situation. Discussion of different operative approaches, eg laparoscopic, robotic. Also, what if an intraabdominal cancer were found? How would that change the operation? There are quite a few case series on these masses.

Related replies:

After discovering the tumor, we conducted sufficient preoperative examinations, including: CEA、AFP、HCG、LDH、B ultrasound、Total abdominal CT enhancement、Pelvic MR enhancement。

After completing the relevant examinations, after multidisciplinary discussions among doctors in urology, gastrointestinal surgery, and imaging, the patient was considered to have a right inguinal hernia and scrotal tumor before the surgery. Considering the degree of tumor activity and blood supply, The mass was most likely to be a greater omentum tumor, Mesenteric tumors and primary tumors in the scrotum are less likely. The nature of the tumor was unknown, and it was to be surgically removed directly. No preoperative puncture was performed to avoid the risk of tumor spread. We are considering adopting a surgical approach of groin exploration combined with laparoscopic exploration of the abdominal cavity for patients. After determining the source of the tumor, safely and completely remove the tumor.

If laparoscopic exploration considers metastatic cancer originating from within the abdominal cavity, further abdominal surgery may be required under laparoscopy (including resection or biopsy of intra-abdominal lesions, intestinal resection and anastomosis, combined organ resection, etc.).

### 3、Regarding the figures:

Please provide the decomposable figure of figures, whose parts are all movable and editable, organize them into a PowerPoint file, and submit as "Manuscript No. -Figures.ppt" on the system, we need to edit the words in the figures. All submitted figures, including the text contained within the figures, must be editable. Please provide the text in your figure(s) in text boxes.

Please read these four important guidelines carefully and modify your figure(s) accordingly:

First, all submitted figures, including the text contained within the figures, must be editable. Please provide the text in your figure(s) in text boxes.

Second, for line drawings that were automatically generated with software, please provide the labels/values of the ordinate and abscissa in text boxes.

Third, please prepare and arrange the figures using PowerPoint to ensure that all graphs or text portions can be reprocessed by the editor.

Fourth, in consideration of color-blind readers, please avoid using red and green for contrast in vector graphics or images.

### Related replies:

We have modified the images and PPT according to your requirements and have re uploaded them.