

Response to Reviewer's Comments:

1. In response to the query regarding the colonoscopy performed at the other center, we would like to clarify that the colonoscopy revealed a lesion in the ileocecal region. The biopsy was taken from this lesion, which was identified during the colonoscopy.
2. Yes, we performed another colonoscopy at our hospital prior to surgery. This repeat colonoscopy revealed a "finger-like" neoplasm within the cecal lumen, which was different from the lesion previously biopsied at the referring center.
3. A biopsy was taken from the "finger-like" neoplasm as well as from the adjacent mucosa of the cecal wall during the colonoscopy performed at our hospital. The pathology of the "finger-like" neoplasm was indeed incorrectly reported as a hyperplastic polyp. It was later established postoperatively that this represented the ischemic appendix, which was intussuscepted. The nearby cecal growth, confirmed to be mucinous adenocarcinoma, was biopsied separately.
4. The appendix was not visualized on the pre-operative CT scan, which led to an initial oversight of the appendiceal intussusception. This was only revealed upon retrospective analysis of the CT images postoperatively.
5. During the surgical procedure, a total of 15 lymph nodes were harvested, out of which 3 tested positive for metastatic adenocarcinoma.

Images:

We will submit one CT Scan image that best demonstrates the ileocecal thickening and the target sign indicative of intussusception. Additionally, we will provide one Colonoscopy image showing the "finger-like" neoplasm, one Specimen image depicting the dissected area with the intussuscepted appendix, and one Pathology image that illustrates the mucinous adenocarcinoma. All images will be clearly marked to show the relevant findings.

Discussion:

We appreciate your feedback regarding the causal relationship between cecal cancer and appendiceal intussusception. Upon further consideration and analysis of the clinical and surgical findings, we agree that it is quite clear that the ileocecal tumor likely played a significant role as the lead point for the intussusception of the appendix. We have revised our discussion section to reflect this understanding and will ensure that the text articulates this point more emphatically.

We thank the reviewer for their constructive feedback, which has significantly improved the clarity and accuracy of our case report. We have made the necessary amendments to address the queries and hope that the changes meet the journal's standards for publication.