

## Answering Reviewers

Title: **A huge pancreatic lipoma mimicking a well-differentiated liposarcoma: A case report and systematic literature review**

Journal: *World Journal of Clinical Cases*

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "**A huge pancreatic lipoma mimicking a well-differentiated liposarcoma: A case report and systematic literature review**". Those comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made correction which we hope meet with approval.

Revised portion are highlighted in the paper. The main corrections in the paper and the responds to the reviewer's comments are as follow:

Responds to the reviewer's comments:

Reviewer #1:

### **1. Minor language polishing.**

Response: Thank you for your advice, we carefully check the article word by word, the sentences possibly need to be revised and some data changed are as follow.

Revised:①In **Core Tip**: Lipomas are usually easily identified on imaging, particularly via computed tomography.②In **Literature Review**: In the time since the first report<sup>[5]</sup>, 169 cases of pancreatic lipoma have been reported in 48 articles<sup>[1-3, 5-49]</sup>, including 10 in Chinese. Most cases were diagnosed by imaging (such as CT); only 22 were confirmed by pathology, 16 of which underwent surgery and 6 endoscopic ultrasound/fine needle aspiration (FNA).

Reviewer #2:

**1. The differentiation diagnosis between lipoma and liposarcoma with imaging modalities: which findings were suggestive of sarcoma?**

Response: According to the comment, we added the following new sentences and revised some sentences in the discussion.

Revised; p 7 line 24-28 & p 8 line 3-5

Computed tomography is the most useful radiological method to diagnose pancreatic lipoma<sup>[4]</sup>. The density of a liposarcoma in CT is higher than that of normal fat and benign fatty masses, and indistinct borders<sup>[50]</sup>, thick septa<sup>[49, 51]</sup>, a larger size<sup>[49, 52]</sup> (>5 cm, and in most cases >10 cm)<sup>[1]</sup>, calcification<sup>[49, 52]</sup> and rapid growth<sup>[49]</sup> are significant indicators of malignancy. Features of well-differentiated liposarcoma include large lesion size, presence of thick septa, presence of nodular and/or globular or non-adipose mass-like areas, and decreased percentage of fat composition<sup>[53]</sup>. A lipoma is usually well circumscribed, of the density of normal fat, homogenous<sup>[4]</sup>, noninvasive<sup>[51]</sup>, stable and devoid of symptoms. However, it is not easy to distinguish a lipoma from a well-differentiated liposarcoma due to the radiographic similarities between these two lesions.<sup>[4]</sup>

**2. More evidence suggestive of the pancreas origin may be necessary, because the pancreatic duct was intact in the MRCP: did the angiogram show whether the tumor was fed by the pancreatic branch?; were the macroscopic findings suggestive of the pancreas origin?; was an immunohistological exam performed to detect elements originating from the pancreas tissue?**

Response: Thank you for your precious advice, we regret the absence of angiogram evidence, photo of surgical specimen and an immunohistological exam. But according to the MRCP result, the lower part of the common bile duct that should pass through the parenchyma of the pancreas was surrounded by the mass, which indicated a

pancreas origin to some extent. Moreover, we found the mass, of which the final pathological examination was confirmed as a lipoma, was tightly connected to the pancreas, which also indicated a pancreas origin.