

Dear Editor and Reviewers:

Thank you for your letter and the reviewers' comments concerning our manuscript entitled "Huge perianal epidermoid cysts: enhanced CT findings and a case report" (Manuscript ID: 51330). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and made correction which we hope meet with approval. Revised portions are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as following:

Responds to the reviewer's comments:

Reviewer #1

1. Response to comment: "redness, swelling, heat of local skin and no anal swelling are signs not symptoms"

Response: We have made correction according to the Reviewer's comments and replaced "symptoms" to "signs".

2. Response to comment: at 3 to 6 points of the lithotomy position, 2 cm over the anal verge, in the left perianal region. (NO NEED TO MENTION IN THE LEFT PERIANAL REGION AS 3 to 6 points is in the left)

Response: We have made correction according to the Reviewer's comments and deleted "in the left perianal region" .

3. Response to comment: showed that there was no channel between the surgical area and the anal canal, after the resection. (BETTER TO SAY NO FISTULA or SINUS)

Response: We have made correction according to the Reviewer's comments and replaced "channel" to "fistula".

4. Response to comment: REFERENCE OR MORE for third paragraph of DISCUSSION.

Response: We have made correction according to the Reviewer's comments and added references 8-10.

5. Response to comment: SHOULD MENTION CLEARLY THAT IT WAS DIAGNOSED AS EPIDERMOID CYST

Response: We have made correction according to the Reviewer's comments and

added the pathologic diagnosis in CASE PRESENTATION.

Special thanks to you for your good comments.

Reviewer #2

1. Response to comment: Although epidermoid cysts are rare in perianal region, CT findings of epidermoid cysts are already a common knowledge and CT findings of epidermoid cysts in other parts of the body are not discussed. The manuscript lacks originality.

Response: It is really true as Reviewer suggested that CT findings of epidermoid cysts are already common knowledge. However there is no special literature of enhanced CT findings of perianal epidermoid cysts, especially for the information of assistance for preoperative diagnosis and surgical decision-making. Suitable first surgical treatment is very important for perianal epidermoid cysts because an incorrect treatment could increase the risk of recurrence, as well as causing repeated operations and serious complications, such as anal fistula. In this paper we focused on the value of enhanced CT which clearly indicates the relationship of the epidermoid cyst and anal sphincter, as well as the blood supply to the cyst or around the cyst. These findings are very important for the selection of incision, the operative method and preventing the postoperative complications.

2. Response to comment: CT findings of perianal epidermoid cyst have already been reported in RadioGraphics 2001; 21:575–584 (Figure 5), medicina fluminensis 2011, Vol. 47, No. 3, p. 312-315, Bakırköy Tıp Dergisi 2014;10:182-184.etc.

Response: Thanks a lot for providing the related papers. We searched literatures in Pubmed using the key words of “perianal epidermoid cysts” and the results were showed in our references. And we found the full text of “Retrorectal developmental cysts in adults: clinical and radiologic-histopathologic review, differential diagnosis, and treatment” which mentioned as “RadioGraphics 2001; 21:575–584” in comment and studied carefully. The paper reported a case of retrorectal epidermoid cyst but not perianal epidermoid cyst in Figure 5 and described the findings of CT. The major difference of perianal epidermoid cyst and retrorectal epidermoid cyst is the location

of the cyst. The location of perianal epidermoid cyst is more nearly to the anal sphincter and anal. This paper only described the imaging characteristics of epidermoid cysts and not mentioned the value of enhanced CT for indicating the blood supply to or around the cyst and surgical decision-making.

We searched “*medicina fluminensis* 2011, Vol. 47, No. 3, p. 312-315” and “*Bakırköy Tıp Dergisi* 2014;10:182-184” in Pubmed and had no results. Furthermore, we searched these two journals in NLM Catalog and found the languages of them were Croatian and Turkish respectively, but not English. Unfortunately, we could not study these papers for the limitation of languages.

3. Response to comment: Page 5, line 1: Enhanced CT revealed a cystic low-density shadow... ‘shadow’ should be changed to ‘mass’.

Response: We have made correction according to the Reviewer’s comments and changed “shadow” to “mass”.

4. Response to comment: Page 5, line 3: ‘delay phase’ should be ‘delayed phase’

Response: We are very sorry for our incorrect writing and have made correction according to the Reviewer’s comments and changed “delay phase” to “delayed phase”.

5. Response to comment: What was the preoperative diagnosis? Please comment.

Response: We have made correction according to the Reviewer’s comments and added the preoperative diagnosis in CASE PRESENTATION.

6. Response to comment: Page 5, line 6: ‘operating room for mass excision on March 13th, 2019’ date of operation should be deleted.

Response: We have made correction according to the Reviewer’s comments and deleted the date.

7. Response to comment: Page 5: No recurrence was observed after follow-up?

Response: The general postoperative recurrence rate of epidermoid cysts is 3%. The patient in our paper showed satisfactory recovery and no recurrence, as observed during the 6-months follow-up period.

8. Response to comment: Page 6, line 19: ‘subcunaeou’ should be ‘subcutaneous’.

Response: We are very sorry for our incorrect writing and have made correction

according to the Reviewer's comments and changed "subcunaeou" to "subcunaeous".

9. Response to comment: In discussion, there are no references for CT findings of epidermoid cysts (in perianal region and other part of the body). Please cite. Please compare the findings in this case and the past reports. What is the differential diagnosis in this case?

Response: We have made corrections according to the Reviewer's comments and added references which reported the CT findings of epidermoid cysts in other part of the body. These papers only described the imaging characteristics of epidermoid cysts and not mentioned the value of enhanced CT for indicating the blood supply to or around the cyst and surgical decision-making.

The major differential diagnosis of epidermoid cysts in perianal area is dermoid cyst. In pathological examination the wall of the epidermoid cyst is mainly composed of stratified squamous epithelium and not contains skin attachment structures, just as in this case. As well as the wall of the dermoid cyst is composed of stratified squamous epithelium and skin attachment structures, for example small sweat glands and sebaceous glands.

10. Response to comment: Figures: Figures 1 and 2 should be trimmed.

Response: We have made corrections according to the Reviewer's comments and trimmed Figures 1 and 2.

Special thanks to you for your good comments.

Reviewer #3

1. Response to comment: This very rare case with proper description.

Response: **Thank you for your recognition of our research and special thanks to you for your good comments.**

Other changes:

1. Page1, line 5: The sequence of the last two authors was changed.
2. Page1, line 11: The sequence of the last two ORCID number was changed.
3. Page1, line 28-29: The aspects of CASE PRESENTATION were presented in right

order according to the Editor's comments

4. Page10, line 7: the statements of “delay phase” were corrected as “delayed phase”.

If you have any queries, please don't hesitate to contact me.

Thank you and best regards.

Yours sincerely,

Hongwei Sun Ph.D.

E-mail: shwsport@yeah.net