

Dear Editor,

I would like to thank you for your interest. Also thanks for criticism and constructive suggestions of reviewers. I finished the revision and all of the changes were reported as following. The recommended changes were done and all changes were painted to red intext.

1. BPG-47064 Comments to authors This case report showed a rare case of micronodular thymic carcinoma with lymphoid hyperplasia (MNC) which belong to the micronodular thymic tumor with lymphoid stroma. Since there are no corresponding clinical guidelines, histopathological diagnostic criteria, prognostic factors, and therapeutic regimens being established, the authors recommended a criteria of diagnostic algorithm for the classification of micronodular thymic tumors with lymphoid stroma through literature review and pooled analysis methods. It is good pioneering in this field if this is the first mentioning. Unfortunately, this report has too many mistakes in English writing and was poorly edited.

Reply to the reviewer: This article has invited high-level English scholars to make a comprehensive improvement on the whole article.

2. For example: About writing: This type of tumor is very rare, alternatively, the corresponding clinical guidelines, histopathological diagnostic criteria, prognostic factors, and therapeutic regimens have not been established have not been established. This study report a new presentation of a patient found to have....

Reply to the reviewer: "This type of tumor is very rare, alternatively, the corresponding clinical guidelines, histopathological diagnostic criteria, prognostic factors, and therapeutic regimens have not been established ~~have not been established.~~" was revised in the section Abstract.

3. As the most common tumor of thymus, thymus tumor is characterized by T lymphocyte infiltration. The nodular lump measured 5.5×5×1.8 cm³ in size.

Reply to the reviewer: "The lump was completely resected under thoracoscope, and ~~postoperative~~ the patients was not treated with radiotherapy or chemotherapy ~~in post-operation~~. The size of the nodular lump was 5.5×5×1.8 cm³ ~~in-size~~." was revised in the section **CASE PRESENTATION**

4. ...abundant lymphocyte interstitium and formed lymphoid follicles. Whether further radiotherapy or chemotherapy is required for micronodular thymic carcinoma with lymphoid stroma warrant further investigation.

Reply to the reviewer: "~~Whether radiotherapy or chemotherapy is needed in patients~~

with small nodular thymoma with lymphoid stroma is worthy of further study. Studies have found that only 2 of the 18 patients reported recurrence or metastasis between 3 months and 22 years of follow-up, indicating this cancer is a less malignant tumor” was revised in the section Case Presentation.

5. About editing: The characteristics that distinguish MNT from them are as follows:

1. T lymphocytes were mainly composed of mature B lymphocytes and T lymphocytes. The number of TdT positive cells in T lymphocytes decreased significantly.
2. The epithelial cells were absent in the lymphoid stroma.
3. Nodular epithelial cells were negative for CD20 staining.

The above points are helpful for differential diagnosis[25, 26]. The characteristics that distinguish MNT from thymic cancer is as follows: 1). The epithelium of the tumor was nodular rather than diffuse and had no syncytiform growth. 2). The stromal lymphocytes were adjacent to the nests of tumor cells, and there was no mixed growth with tumor cells [2]. 3). The positive rate of EBV was a little lower (33.3%). As mentioned above, the authors should pay special attention for the English writing and manuscript editing. It is necessary for English checking by a native speaker.

Reply to the reviewer: The format of this section has been reedited in accordance with the comments of the reviewers in the section Literature Analysis and Case Discussion

Sincerely

Dingrong Zhong