

## Answering Reviewers

**Name of Journal:** World Journal of Clinical Cases    **Manuscript NO:** 43447

**Title:** Multiple gastric angiolipomas: A case report and literature review

Xinhe Lou, Wenguo Chen, Long-Gui Ning, Hong-Tan Chen and Guo-Qiang Xu

Dear Editors and Reviewers:

Thank you very much for your comments regarding our manuscript. We have carefully revised the manuscripts per your suggestions. We highlight in yellow all significant changes to the manuscript.

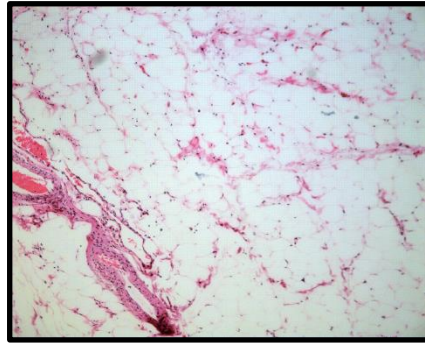
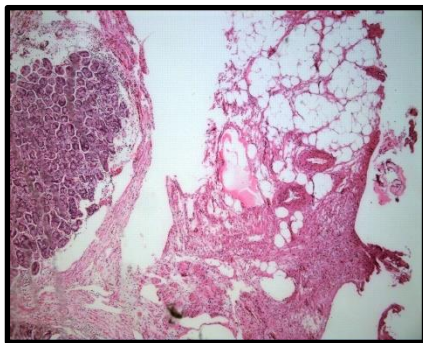
Reviewer    1 (Reviewer's code: 02538468)

Thanks for your review and recommendation.

Reviewer    2 (Reviewer's code: 03767436)

#1. Improve the quality of histological image (lower and higher magnification)

We agree with comments from the reviewer. We have improved the quality of histological image. Histology of the sample in H&E staining is listed below:



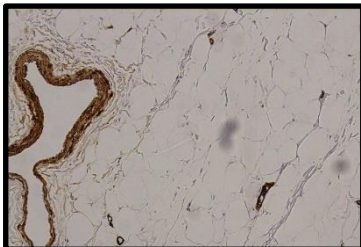
Lower magnification, ×50

Higher magnification, ×100

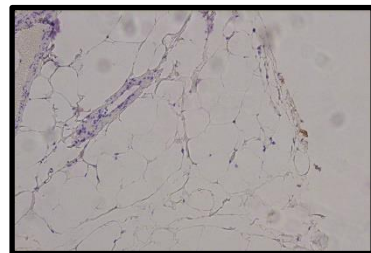
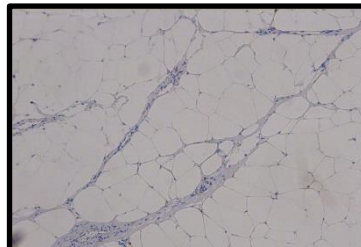
#2. Add if is possible immunohistochemical characteristics of the lesion and images

Thank you for the comments. We have performed immunohistochemical staining for alpha-smooth muscle actin, HMB-45, and c-kit. Only the blood vessels were positive for alpha-smooth muscle actin, and the tumor cells were negative for HMB-45 and c-kit. Images are showed below

(×100):



HMB-45



α

-SMA

c-kit

#3. Check the few spelling grammatical errors.

We agree with reviewer's comment and have revised the spelling grammatical errors in the manuscript.

Reviewer 3 (Reviewer's code: 00057983)

#1. The authors mentioned about the pathology of previous operation for right carpal tunnel syndrome. What did they want to express? If they suspect this special gastric lesion is related to other soft tissue diseases, please discuss in the text.

Thanks for the comments. Angiolipomas is commonly located in the subcutaneous tissue of the trunk and extremities. The patient complained of a swollen right hand and numbness. Histological findings showed that the lesion had blood vessels with mature fat cells. We suspected it was an angiolipoma in the arm. Discussion part has been revised to make it more concise.

#2. Did this patient receive colonoscopy exam?

The patient did not receive colonoscopy exam. But the abdominal CT and PET-CT did not indicate abnormal images in the colon.

#3. The authors mentioned the patient's family history and past medical history were both unremarkable. Did their family member receive scope exam for stomach and colon?

Family members did not receive scope exams for stomach and colon. And they did not have the similar medical history.

#4. Please summarize the characteristics of other patients of this rare disease reported previously in a table.

We agreed with comments from the reviewer. The characteristics of the 4 gastric angiolipoma case reports in the literature are listed in the table below:

Table 1. Gastric angiolipomas defined in literature

Literature	Age/sex	Size(cm)	Symptom	Imaging	Follow-up
DeRidder et al [4] (1989)	59/M	0.6	Black stool	Nil	1 years No recurrence

McGregor et al <sup>[5]</sup> (1993)	69/M	5×4×2	Severe anemia	Nil	2.5 years
					No recurrence
Hunt et al <sup>[6]</sup> (1996)	27/F	8 × 5.5 × 4.5	Acute gastrointestinal hemorrhage	Nil	Not given
Nam et al <sup>[7]</sup> (2014)	58/F	1.6×1.5×1.4	Melena and anaemia	CT:submucosal lesion, diffuse fluid density EUS:a polypoid mass,superficial ulceration covered with whitish exudates	Not given

#5. Please explain why this patient did not receive Endoscopic Submucosal Dissection (ESD) to remove these tumors.

Thank you for the comments. These lesions were located in the mucosal layer, submucosa, and muscularis propria layer and ESD could not resect them completely. So, we performed deep excavation biopsy.