

Dear Editors and Reviewers:

Thank you for your letter and for the constructive suggestions from reviewers on our manuscript entitled “ F-18 FDG PET/CT Findings of Retroperitoneal and Pelvic Multiple Cystic Lymphangioma in an Adult: a case report” (Manuscript NO: 53797). All suggestions have been adopted in the revision. The detailed responses to these concerns are as follows:

Reviewer #1:

Q1. “The patient had multiple tumor lesions, but they showed only a serie of images with a pelvis lesion; images of other, i.e. retroperitoneal, tumor lesions should be provided to better illustrate the originality of the presented case.”

Answer to Q1:

We have added several images which present multiple retroperitoneal and pelvis masses (Figure 1 A and B).

Q2. “The following recent papers should be cited: 1. Romeo V, Maurea S, Mainenti PP, Camera L, Aprea G, Cozzolino I, Salvatore M. Correlative imaging of cystic lymphangiomas: ultrasound, CT and MRI comparison. Acta Radiol Open. 2015 May 18;4(5):2047981614564911. doi:10.1177/2047981614564911 ”

Answer to Q2:

The format of references has been revised.

Reviewer #2:

Q1. “The authors state that ‘To our knowledge, this is the first report in the literature of findings of a retroperitoneal and pelvic multiple cystic lymphangioma in an adult using 18-F PET-CT. ‘ However their reference 11 from Dong A, Wang Y, Zuo C report a "F-18 FDG uptake in a retroperitoneal

cystic lymphangioma". The authors need to clarify the diagnostic pathway and when is a 18-F PET-CT indicated. Does it change the management? ”

Answer to Q1:

Dong A, et al reported a case in which lesions have a high FDG uptake. However, in our case the multiple cystic lymphangioma lesions do not have FDG uptake. The text has been changed to clarify this: This is the first report in the literature of findings of a retroperitoneal and pelvic multiple cystic lymphangioma in an adult without F-18 FDG uptake by PET-CT.

The sentence has been corrected in the paper marked in red in lines(215-216).

Q2. “The authors also state that "MRI is an essential way in differentiating lymphangioma from other cystic lesions due to its excellent spatial resolution." They need to clarify as what was the provisional diagnosis on CT and why MRI was not done before a 18-F PET-CT?”

Answer to Q2:

①provisional diagnosis (by US, enhanced CT and PET-CT) has been added in the paper marked in the red in lines (110-114, 120-123 and 125-127).

②According to the result of contrast - enhanced CT scan, the provisional diagnosis of which possibility of malignant can not be ruled out was made. It is generally acknowledged that PET-CT is an effective method in discriminating between benign and malignant lesions. Besides, it can make a systematic evaluation of the general condition, making a further diagnosis of the disease. However MRI is limited in scan range, takes a long scanning time and takes a lot of money as well. Finally, F-18 FDG PET/CT was performed.

Q3. “The authors also need to state how the initial presenting symptom "painless gross hematuria for 2 weeks" is related to the final diagnosis of "Retroperitoneal and Pelvic Multiple Cystic Lymphangioma.”

Answer to Q3:

The presentation of painless gross hematuria for 2 weeks was caused by ureteral calculus at the distal end of right ureter according to the results of laboratory examinations and US (line 110-112). The treatment has been added in the paper marked in the red in line 127. And the multiple masses rising from retroperitoneum and pelvic were found incidentally.