

Point-to point reply to Reviewers' and Editors' comments

Reviewer #1:

Specific Comments to Authors: I find the "Laparoscopic management of a giant mucinous benign ovarian mass weighing 10,150 grams: a case report." very interesting for it points out very nicely the relativeness of the apparent limits of laparoscopic surgery. The article is very well written and clear. The discussion section is fair, the references are relevant and updated.

Reply: Thank you for your very positive comments

-The surgical procedure is nicely presented, however the crucial step of it deserves some clarification. Namely, how the aspiration of the multilocular cyst has been achieved while avoiding that the content of it would be spilled in the abdomen. Was the wound of the mini-laparotomy appropriately protected?

Reply: Through the mini-laparotomy, using a mini-open approach, the aspiration and progressive decompression of the cyst has been performed externally in order to avoid that the content would be spilled in the abdomen. The mini-laparotomy incision was protected using a wound protector/retractor (Wound Edge Protector – 3MTM Steri-Drape™ 1073, Diegem, Belgium). I have added these points in the text at page 8, lines 176-178.

-Have all the sub-compartments of the cyst been reached through one single cystotomy?

Reply: The single sub-compartments of the cyst have been reached by multiple punctures completely draining their contents except two as the cyst at that time could exit by the mini-laparotomy. I have added the following text at page 8 lines 178-182 to better explain: "Then, through a mini-open procedure the cyst was externally decompressed via the aspiration of each locular component by multiple punctures completely draining their contents except two sub-compartments that were not drained because the cyst could exit by the mini-laparotomy. Indeed, the cyst was gradually removed in this way until the mass was completely extracted".

Reviewer #2:

Specific Comments to Authors: I read with interest a case report by the authors about a case of large ovarian cyst being managed laparoscopically. It is indeed a challenging condition to manage laparoscopically and I congratulate the team for being able to manage this patient successfully.

Reply: Dear Reviewer, thank you for your comments and appreciation.

I have 2 questions:

1. What was the wound protection method used during the decompression and extraction? How was the decompression done specifically to prevent spillage.

Reply: The minilaparotomy incision was protected using a wound protector/retractor (Wound Edge Protector – 3MTM Steri-Drape™ 1073, Diegem, Belgium). The aspiration and progressive decompression of the cyst has been performed externally through the mini-laparotomy by a mini-open procedure in order to avoid that the content would be spilled in the abdomen. I have added these points in the text at page 8, lines 176-178.

-2. 27.5% of having a borderline or malignant tumor is quite high. If spillage would to occur, how does this negatively affect the prognosis of the patient? By mentioning this, it would allow the readers to have a balanced view of risk versus benefit to the patient when choosing the method of surgery.

Reply:

Thank you for your comment. Accordingly, we have added the description of the evidence about the role of spillage in affecting prognosis. The following text with supporting references has been added at page 10-11, lines 240-251: "In fact, the spillage of the cyst content in case of ovarian malignancy may worsen patient prognosis even if different studies obtained controversial findings. Some authors [12-14] found that in case of stage 1 epithelial ovarian cancer intra-operative cyst rupture did not influence the rate of relapse or prognosis. Vice versa, other authors reported that intraoperative rupture of stage 1 ovarian cancers worsened patient prognosis[15-17], even if in the tumor grade remained the most powerful indicator of disease free survival[17]. A retrospective analysis carried out including 194 patients with stage I mucinous ovarian carcinoma showed that capsule rupture was a significant negative prognostic factor for overall survival[18]. Noteworthy, intraoperative spillage of a mucinous cystadenoma may potentially cause pseudomyxoma peritonei. However, this condition is usually already detectable at the time of initial surgical laparoscopy inspection of the abdomen and is mostly associated with a diagnosis of mucinous cystadenocarcinoma [19,20]."

Editorial Office's comments

The author must revise the manuscript according to the Editorial Office's comments and suggestions, which listed below:

- (1) Science Editor: 1 Scientific quality: The manuscript describes a case report of the Laparoscopic management of a giant mucinous. The topic is within the scope of the WJCC. (1) Classification: Grade B and Grade D; (2) Summary of the Peer-Review Report: The authors reported a case of large ovarian cyst being managed laparoscopically, which was very interesting and well-written. However, the questions raised by the reviewers should be answered; and (3) Format: There are 3 figures. A total of 13 references are cited, including 2 references published in the last 3 years. There are no self-citations. 2 Language evaluation: Classification: Grade A and Grade A. A language editing certificate issued by Elsevier Language Editing Services was provided. 3 Academic norms and rules: The authors provided the CARE Checklist–2016, the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, and written informed consent. No academic misconduct was found in the CrossCheck detection and Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The manuscript was supported by 1 grant. The topic has not previously been published in the WJCC. 5 Issues raised: (1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s)

Reply: I have answered to the questions raised by Reviewers and revised the main text accordingly. The manuscript was not supported by any grant. I have changes the funding declaration accordingly.

- (2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor

Reply: I have provided original figure in power point with editable text.

- (3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout

Reply: I have added PMID and DOI for each reference and listed all authors.