

Sao Paulo, July 06, 2020

Considering all the proper observations from the Reviewers the authors proceeded with the corrections as follows:

(1) Please add the Table of similar cases described in the literature. **ADDED TO THE TEXT**

(2) Please separate the section of Discussion to understand easily. **OK DONE**

(3) The authors should describe the reason why they performed lymphadenectomy. **WE CORRECTED AT THE TEXT AND DECIDED TO REMOVE IT. BY THE TIME OF THE OPERATION WE WERE STILL WAITING FOR THE CONFIRMATION BY IMMUNOHISTOCHEMICAL ANALYSIS AND DUE TO THIS FACT, WE DECIDED TO PROCEED WITH AN ONCOLOGICAL APPROACH INSTEAD OF TAKE THE RISK OF ANOTHER OPERATION SOON AFTER THIS ONE**  
*"Analysis results have shown fusiform neoplasia, with discrete nuclear atypia, interspersing more and lesser cellular areas. Mitosis and necrosis figures were not detected. The material was subjected to immunohistochemical profile analysis, which indicated its compatibility to schwannoma"*

(4) The authors should describe the necessity of oncological follow-up after the resection of retroperitoneal schwannoma because the anatomopathological report showed non-malignant schwannoma. **AGAIN, WE REMOVED FROM THE TEXT. THIS CASE WAS DISCUSSED AT OUR TUMOR BOARD BEFORE SURGERY AND PATIENT WAS SEEM BY THE ONCOLOGIST RIGHT AFTER THE PROCEDURE AND WHEN FINAL RESULTS WERE AVAILABLE, WE DECIDED THAT THERE WAS NO NEED FOR FUTHER EVALUATIONS.**

(5) Please add the references to the sentence "it accounts for only 0.5% to 5% of all cases of it." (Introduction, page 3), "This tumor type accounts for approximately 0.5% to 12% of retroperitoneal tumors. (Discussion, page 6)" **DONE**

(6) Authors should clarify the word "sagittal section, coronal ? (Figure 1)" **CORONAL – CORRECTED**

(7) Authors should consider the association between epidural collection (bloody?) and schwannoma. **THERE IS NO ASSOCIATION – REVIEWED AT THE TEXT**



Prof. Dr. Marcelo A. F. Ribeiro Jr. - TCBC, TCBCD, FACS

Medical License: 76227

Full professor of General and Trauma Surgery

- 1- This patient underwent orthopedic operation just before incidentally tumor's detection: did the patient perform CT or MRI for evaluation of orthopedic pathology before surgery? **DESCRIBED AT THE TEXT**
- 2- Authors performed tumor's resection with lymphadenectomy. Which is the rationale for lymphadenectomy for this type of tumor (benign non epithelial tumor)? Which lymph node stations were removed? Pathologic examination of removed nodes is lacking. **OK DONE AS PREVIOUSLY EXPLAINED**
- 3- What means "tactical" cholecystectomy? **EXPLAINED AT THE TEXT**
- 4- the number and position of trocars should be reported together with the duration of operation. **DONE**

Sincerely yours,

**Marcelo A. F. Ribeiro Jr., MD, MSc, PhD, FACS**

Full Professor of Surgery - General Surgery & Trauma

Chief of Trauma – Hospital Moriah – São Paulo

CV - <http://lattes.cnpq.br/5973050431771255>