Dear Editors and Reviewers:

Thank you for your comments concerning our manuscript entitled “Primary primitive neuroectodermal tumor in the pericardium: a case report with a focus on imaging findings” (Manuscript NO.: 62644, Case Report). These comments were all valuable and very helpful for revising and improving our paper. We have read the comments carefully and have made corrections that we hope are met with approval. The revised portions are marked in red in the paper. Detailed responses to the comments are provided below.

Reviewer #1:

Specific Comments to Authors: The title reflects the main subject/hypothesis of the manuscript. The abstract summarizes and reflects the work described in the manuscript. Keywords reflect the focus of the manuscript. The manuscript adequately describes the background, present status, and significance of the study. The research objectives achieved by the case presented here is to emphasize the existence of PNET in rare locations such as pericardium and points out this tumor should be taken into consideration in the differential diagnosis of solid cardiac masses, especially in children. The discussion should be revised. The pathological differential diagnosis should be described in more detail to inform the readers. Although radiographic images that are sufficient and appropriately illustrative of the paper content are presented, the microscopic and immunohistochemical findings, which are the primary tool for the correct diagnosis, are missing and should be presented. The manuscript appropriately cites the latest, influential, and authoritative references in the introduction and discussion section. The style, language, and grammar are accurate and appropriate. However, there are many repetitions in the text and should be avoided. The final diagnosis is performed by pathological examination. However, there is not any pathologist among the authors. In conclusion: The original finding of this manuscript is the third reported case of PNET in the pericardium. The case presented here demonstrates that imaging is not a gold standard for precise diagnosis. The quality and importance of this manuscript arise from the rarity of the case reported here. This case emphasizes that the rarity of primary PNET of the pericardium does not exclude its consideration in the differential diagnosis of solid cardiac masses. The case presented here should prompt the author to perform further studies to reveal molecular alterations, which should aid in the differential diagnosis and treatment of this aggressive tumor.

Response:

Thanks for your comment. We agree that the microscopic and immunohistochemical findings are the primary tool for the final diagnosis of PNET. According to your suggestion, we have described the pathological finding in the results section. We also revised the discussion and described the pathological differential diagnosis in detail in the 2nd paragraph of discussion. In this section, the importance of immunohistochemistry in the diagnosis of PNET was emphasized.

For language, we have employed Liwen Bianji, Edanz Editing China (www.liwenbianji.cn/ac), for editing the English text of this manuscript. Some repetitions in the text have been avoided.

Thanks for your reminding that a pathologist have not been included in the author list. The pathological examination is indeed important for the final diagnosis of PNET. In this study, a pathologist in our hospital provided the interpretation of the pathological and immunohistochemical findings. We have listed the pathologist in the acknowledgement section.

We agree that molecular examination is helpful in the differential diagnosis and treatment of PNET. In our study, we focus on the imaging findings, and did not explore deeply the molecular findings. In the 2nd paragraph of discussion section, we have discussed the importance of immunohistochemistry in the diagnosis of PNET.

Reviewer #2:

Specific Comments to Authors: The authors reported a case of primary PNET in the pericardium. Major 1. The authors tried to focus on image findings of PNET (as stated in the title) but the conclusion is not that helpful. Is this case study still worth reporting? 2. Can the authors summarize all reported PNET cases (not just pericardium) and specifically the image findings? Minor Abstract ...confirm the diagnosis of primary (PNET) of the pericardium. Please correct.

Response:

1. Thanks for your comments. In the study, we presented the fourth reported case of primary pericardial PNET, and focused on the imaging findings. The diagnosis of primary pericardial PNET depends on pathological examination and immunohistochemistry.

Although medical imaging cannot provide specific imaging findings for the diagnosis of PNET, it plays an important role in detecting the mass and understanding its characteristics. According to your comments, we have revised the conclusion section in abstract.

2. According to your suggestion, we have summarized the CT and MRI manifestations of PNET arising from pericardium and other locations in the 3rd paragraph of discussion section.

3. According to your comments, we have changed "…confirmed the diagnosis of primary (PNET) of the pericardium." Into "…confirm the diagnosis of primary PNET of the pericardium." In the abstract.

Science editor: 1 Scientific quality: The manuscript describes a case report of the primary primitive neuroectodermal tumor in the pericardium. The topic is within the scope of the WJCC. (1) Classification: Grade C and Grade D; (2) Summary of the Peer-Review Report: The authors reported a case of primary PNET in the pericardium. The questions raised by the reviewers should be answered; and (3) Format: There are 3 figures. A total of 15 references are cited, including 2 references published in the last 3 years. There are no self-citations. 2 Language evaluation: Classification: Two Grades B. A language editing certificate issued by Edanz was provided. 3 Academic norms and rules: The authors provided the written informed consent. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The study was supported by Fund Program for the Scientific Activities of Selected Returned Overseas Professionals in Shanxi Province. 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); (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; and (3) Authors should always cite references that are relevant to their study. Please check and remove any references that not relevant to this study. 6 Recommendation: Conditional acceptance.

Response:

1. We have provided the approved grant application form according to your comments.
2. We have provided the figures using PowerPoint.

3. According to your suggestion, we have deleted some references. The references have been rearranged.

Company editor-in-chief: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...".

Response:

Thanks for your comments. We have revised the format of the figures and figure legends.