

May 31, 2021

Professor Lian-Sheng Ma

Science Editor, Company Editor-in-Chief, Editorial Office

World Journal of Clinical Cases

Dear Professor Lian-Sheng Ma:

I am sorry for the late reply, due to the work needed to fight the epidemic of COVID-19, I have recently been working with patients in the emergency department. During the COVID-19, I hope you are well.

I would like to re-submit the manuscript titled **“Trigger finger at the wrist caused by an intramuscular lipoma arising from anomalous flexor digitorum muscle belly within the carpal tunnel: a case report and literature review”** (Manuscript NO.: 65416, Case Report) to *World Journal of Clinical Cases*.

Many thanks to you and the reviewers for all of your thoughtful suggestions and insights. The manuscript has benefited from these insightful suggestions. I look forward to working with you and the reviewers to move this manuscript closer to publication in *World Journal of Clinical Cases*.

The manuscript has been rechecked and the necessary changes have been made in accordance with the reviewers' suggestions. All the changes to the text have been marked in **red** in the revised manuscript. All the questions and the comments from reviewer have been carefully addressed and the reply has been listed below in **blue**.

In addition, please allow us to add Hongjuan Jin to the author list. She has given sufficient guidance on the revision of the manuscript, especially in the language quality aspect to ensure the accuracy and authenticity of the expression. So, she has made a great contribution to improving the quality of our whole manuscript, so we suggest adding her as one of the authors.

Thanks for your kind consideration. For any questions or comments, please feel free to contact us. I look forward to hearing from you.

Sincerely,

Wenrui Qu, MD, Ph.D

Department of Hand Surgery, the Second Hospital of Jilin University

218 Lane Ziqiang, Nanguan District, Changchun, Jilin, 130041, China

E-mail: quwenrui@jlu.edu.cn

Dear Reviewers,

Thanks for your constructive suggestions to our manuscript entitled "**Trigger finger at the wrist caused by an intramuscular lipoma arising from anomalous flexor digitorum muscle belly within the carpal tunnel: a case report and literature review**" (Manuscript NO.: 65416, Case Report). Your comments are very helpful for us to improve this manuscript. According to your suggestions, the mistakes have been corrected and the whole manuscript has been carefully revised. We hope that this version could meet with your requirements and be qualified to be published in **World Journal of Clinical Cases**. All the changes to the text have been marked in red. The response to your comments is listed as follows in blue.

Response to EDITORIAL OFFICE'S COMMENTS of NO.: 65416, Case Report

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

Science editor:

1. Scientific quality: The manuscript describes a Case Report of the Trigger finger at the wrist caused by an intramuscular lipoma. The topic is within the scope of the WJCC.

Response:

Thanks for your appreciation and affirmation.

2. Classification: Grade B, B, B and C;

Response:

Thanks for your appreciation and affirmation.

3. Summary of the Peer-Review Report: This is a good case report with clinical significance. Authors should provide MRI of wrist joint in the report. The questions raised by the reviewers should be answered;

Response:

We have answered this question in the response to the reviewers section.

4. Format: There are 4 figures;

Response:

There are 3 figures.

5. References: A total of 26 references are cited, including 2 references published in the last 3 years;

Response:

Yes, it is.

6. Self-cited references: There is no self-cited reference.

Response:

Yes, it is.

Language evaluation: Classification: Grade B and Grade B. A language editing certificate issued by Meige Translation Service Co. was provided. 3 Academic norms and rules: The authors provided the Written informed consent and CARE Checklist (2016). No academic misconduct was found in the Bing search.4 Supplementary comments: No financial support was obtained for the study. The topic has not previously been published in the WJCC.

Issues raised:

- (1) The title is too long, and it should be no more than 18 words;

Response:

Thanks for your advice.

I have tried to changed it to a new title within 18 words, such as “Trigger finger at the wrist caused by an intramuscular lipoma within the carpal tunnel: a case report”. However, the key words “anomalous flexor digitorum muscle belly” is missing, which will not allow readers to get enough information right away from the title, and will reduce the novelty of the manuscript and make it an ordinary article. So, please allow me to apply to you to retain the original title, but if you absolutely need it within 18 words, we will revise it again, thank you.

- (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;

Response:

Thanks for your advice.

We have provided the original figure documents using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by you.

- (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;

Response:

Thanks for your advice. This task has been finished.

- (4) Please add the “FINAL DIAGNOSIS”, “TREATMENT”, and “OUTCOME AND FOLLOW-UP” sections to the main text, according to the Guidelines and Requirements for Manuscript Revision.

Response:

Thanks for your advice. This task has been finished.

- (5) Recommendation: Conditional acceptance.

Response:

Thanks for your appreciation and affirmation.

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 its final acceptance, the author(s) must provide the Signed Informed Consent Form(s) or Document(s). For example, authors from China should upload the Chinese version of the document, authors

from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, etc.

Response:

Thanks for your appreciation and affirmation.

We have finished all the tasks you have mentioned.

Response to Reviewers of NO.: 65416, Case Report

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: what are the limitations of the study and how it affects the results and your conclusion

Response:

Thanks for your appreciation and valuable comments. The biggest limitation is that for the masses of unknown nature, the MRI examination was not completed before the operation in this case.

Imaging examination is the most important auxiliary examination in the diagnosis process of intramuscular lipoma. Ultrasound, as a convenient, fast and low-cost auxiliary examination of choice, can dynamically observe the relationship between the position, depth and adjacent tissues of the tumor in real time. While, MRI can more clearly show the integrity of the capsule, the fat content in the tumor, the degree of mixing of fat and muscle, the thickness and distribution of the fibrous septum, and so on, especially for the tissues in the carpal tunnel.

In fact, the reason why we did not perform MRI before the surgery was owing to the financial difficulties of the patients' families and the valuable experience that we have accumulated in dealing with similar diseases, so that we have the ability to reduce medical

expenses for patients as much as possible within a controllable range, while ensuring a better treatment and prognosis. So, in this case, we chose ultrasound firstly.

Despite such limitations, it still does not affect our results and conclusions. For masses of unknown nature, taking tissue for pathological examination is the gold standard for diagnosis. However, we still cannot ignore the value of MRI and other imaging examinations in the diagnosis and treatment of those diseases. In future, we will truly do the MRI test before surgery.

In the end, I sincerely hope to give you a satisfactory answer.

Thanks.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This is a good case report with clinical significance. Well-written manuscript, the related literature is discussed. Finally, the manuscript delivers a clear message. I congratulate the authors on their good work.

Response:

Thanks for your appreciation and affirmation.

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: I think an intramuscular lipoma of anomalous long flexor muscle in a patient presenting trigger wrist is not common condition. I suggest, (1) provide MRI of wrist joint in the report (2) include additional review of prevalence of an anomalous flexor muscle in carpal. These would be make the report more comprehensive.

Response:

Thanks for your appreciation and suggestions.

Regarding the MRI of wrist joint, I'm sorry to say that in the diagnosis and treatment of this patient, we did not do it before the surgery. There were two reasons: (1) the first was mainly due to the financial suffering of the patient's family. The 48 years old female didn't have a job and can only rely on farming to maintain the family economy, especially need to support two children in college. So, we try to save money for her during the diagnosis and treatment process and deal with such unknown masses based on past experience; (2) the another one is that considering that the final diagnosis still requires surgical intervention, effective mass removal, pathological tissue acquisition and final pathological tissue identification, combined with the patient's economic situation, therefore, we took direct surgical intervention without completing the MRI.

Of course, we are still grateful for your valuable advice. From the perspective of diagnosis and treatment specifications, for unidentified masses, it is indeed necessary to complete ultrasound, MRI, and even CT examinations. We should not ignore the value of those imaging examinations in the diagnosis of those diseases.

Imaging examination is the most important auxiliary examination in the diagnosis process of intramuscular lipoma. Ultrasound, as a convenient, fast and low-cost auxiliary examination of choice, can dynamically observe the relationship between the position, depth and adjacent tissues of the tumor in real time. And we truly chose ultrasound firstly. While, MRI can more clearly show the integrity of the capsule, the fat content in the tumor, the degree of mixing of fat and muscle, the thickness and distribution of the fibrous septum, and so on, especially for the tissues in the carpal tunnel. In addition, they can provide us with more diagnosis and treatment information to avoid misdiagnosis or missed. If we encounter similar patients in future, we will definitely implement preoperative MRI examinations.

Besides, we have added an additional review of prevalence of an anomalous flexor muscle in carpal. However, due to the limited space of case report, we do not discuss too much. We mainly want to share experience and provide reference to more medical staff through this case report: our findings revealed that there are many possible causes and types of triggering or clicking around the wrist. During the diagnosis and treatment of CTS, attention should be paid to the variation of tendon tissue in the carpal tunnel to avoid focusing only on the release of transverse carpal ligament and ignoring the removal of anomalous muscle belly.

In the end, I sincerely hope to give you a satisfactory answer.

Thanks.

Reviewer #4:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: The article is generally well planned and reading fluently.
The article is provide general information about a case that is not common in literature.

Response:

Thanks for your appreciation and affirmation.

In the end, we appreciate your comment and we sincerely hope this modified version could meet with the requirements.

Thanks again and best wishes for you.

Sincerely,

Wenrui Qu, MD, Ph.D

Department of Hand Surgery, the Second Hospital of Jilin University

218 Lane Ziqiang, Nanguan District, Changchun, Jilin, 130041, China

E-mail: quwenrui@jlu.edu.cn