

Point by Point Response to Editor Comments

Editor comment 1: When you send back, please provide the format of doc, not the format of PDF. Thank you!

Author reply 1: A word document has been created.

Editor comment 2: Please provide language a certificate letter from a professional English language editing company (Classification of the manuscript language quality evaluation is B).

For manuscripts submitted by non-native speakers of English, please provide a language certificate from one of the professional English language editing companies mentioned in 'The Revision Policies of BPG for Article.'

Author reply 2: Per email from Ya-Juan M, Science Editor, on September 11, 2015, a language certificate is not required because the senior author is a native speaker of English.

Editor comment 3: Author names should be given first, then the complete name of institution, city, province and postcode.

Author reply 3: This change has been made as requested.

*Editor comment 4: Please read the core tip then provide the audio core tip: Acceptable file formats: .mp3, .wav, or .aiff Maximum file size: 10 MB
To achieve the best quality, don't allow to have the noise.*

Author reply 4: An audio core tip has been created.

Editor comment 5: Please put the reference numbers in square brackets in superscript at the end of citation content or after the cited author's name. Please check across the text.

Author reply 5: The reference numbers have been reformatted as requested.

Editor comment 6: Writing requirements for each subsection

(1) Case characteristics

Please summarize main symptoms in one sentence.

(2) Clinical diagnosis

Please summarize main clinical findings in one sentence.

(3) Differential diagnosis

Please summarize thoughts and methods for differential diagnosis in one sentence.

(4) Laboratory diagnosis

Please summarize laboratory testing methods and major findings in one sentence.

(5) *Imaging diagnosis*

Please summarize imaging methods and major findings in one sentence.

(6) *Pathological diagnosis*

Please summarize pathological methods and major findings in one sentence.

(7) *Treatment*

Please summarize treatments and drugs used in one sentence.

(8) *Related reports*

Please provide other contents related to the case report to help readers better understand the present case.

(9) *Term explanation*

Please explain uncommon terms present in the case report.

(10) *Experiences and lessons*

Please summarize experiences and lessons learnt from the case in one sentence.

(11) *Peer- review*

Please summarize the strengths and weaknesses of the article based on the reviewers' comments so that readers can obtain objective knowledge from the article.

11.2 *Writing examples for each COMMENTS subsection*

(1) *Case characteristics*

The two middle-aged male patients presented with dissimilar symptoms; one presented with abdominal pain and vomiting, and the other presented with abdominal distension, poor appetite and weight loss.

(2) *Clinical diagnosis*

The physical signs of the two cases were also dissimilar; upon physical examination, one case had a large palpable mass in the epigastrium, and the other had only a mild abdominal tenderness.

(3) *Differential diagnosis*

Malignant tumors (angiosarcoma, cystadenocarcinoma and metastatic tumors), benign neoplasms (focal nodular hyperplasia, hemangioma and adenoma), and abscesses.

(4) *Laboratory diagnosis*

The first patient had elevated hematological values for neutrophil count ($6.7 \times 10^9/L$), C-reactive protein (27.9 mg/L), lactate dehydrogenase (383 U/L) and cancer antigen (CA)-125 (44.8 IU/mL), while the second patient had no remarkable findings for the laboratory tests.

(5) *Imaging diagnosis*

For both cases, computed tomography scan showed a large mass located in the abdominal cavity.

(6) *Pathological diagnosis*

For both cases, histological examination showed myofibroblastic proliferation and inflammatory cell infiltration, while immunohistochemical staining showed negativity for CD34, desmin and anaplastic lymphoma kinase (ALK) but positivity for smooth muscle actin.

(7) *Treatment*

Neither patient received a curative resection or further treatment.

(8) *Related reports*

Very few cases of spontaneous regression of an intra-abdominal inflammatory myofibroblastic tumor have been reported in the literature. The clinical and pathological characteristics of inflammatory myofibroblastic tumor remain unclear and the treatment is controversial.

(9) *Term explanation*

Inflammatory myofibroblastic tumor, also called inflammatory pseudotumor, is a rare disease that primarily affects children and adolescents.

(10) *Experiences and lessons*

This case report presents the clinical characteristics of intra-abdominal inflammatory myofibroblastic tumors and also discusses the treatment of inflammatory myofibroblastic tumor. We recommend that conservative therapy should be considered when the tumor is unresectable, especially for middle-aged ALK-negative patients.

(11) *Peer review*

The authors have described two cases of intra-abdominal inflammatory myofibroblastic tumor that showed spontaneous resolution without intervention. The article highlights the clinical characteristics of this tumor and provides insights into the therapeutic implications.

Author reply 6: The writing requirements for each subsection have been addressed.

Editor comment 7: For the figures, the fonts and lines can be edited or moved. It can be made by ppt.

Author reply 7: The figures no longer contain arrows, fonts, or lines as requested.

Editor comment 8: Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Please revise throughout. The author should provide the first page of the paper without PMID and DOI.

PMID (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed>) DOI (<http://www.crossref.org/SimpleTextQuery/>)

Author reply 8: The citations have been changed as requested.