

August 22, 2016

Editor-in-Chief  
*World Journal of Surgical Procedures*

**ESPS Manuscript NO: 26988**

**Esophageal Liposarcoma: Well-differentiated Rhabdomyomatous Type**

Dear Editor-in-Chief,

Thank you very much for the opportunity to revise our manuscript and for your interest in publishing this work in *World Journal of Surgical Procedures*. We have modified the manuscript according to the journal instructions and the reviewers' suggestions. We have responded directly to all points raised by the peer-reviewers (reviewers' comments in *italic*, followed by our response in **bold**). Please find attached a copy of the revised manuscript.

Sincerely,

Daniela Molena, MD

*Reviewer #1: The presented case is quite rare in the literature, especially its long stalk which can be resected endoscopically. I think the case is informative for gastroenterologists.*

**Thank you very much for your positive comments.**

*Reviewer #2: it is a very nice case you should add images demonstrating immunoreactivity for MDM2, desmin and myogenin there are repetition of words in key word list such as esophageal cancer and esophagus cancer.*

**We thank the reviewer for their positive feedback. I agree that the entire pathological evaluation would enhance the manuscript and we have added more detailed pictures of the tumor. See added figures.**

**We changed the Key word lists.**

*Reviewer #3: Due to its rare incidence, the standard diagnostic criteria or findings of esophageal liposarcoma should be first mentioned. Then, the pathological photo(s) which clearly support(s) the diagnosis should be submitted. What was the mitosis index? Were nuclear polymorphism seen? If so, where? If immunohistochemical findings are also prerequisite for the diagnosis of liposarcoma, the authors should submit the photo(s) of such findings. The findings of endoscopic ultrasound which show a single proximal stalk should be submitted. Otherwise, the justification of endoscopic resection as therapeutic approach is unclear. In the same sense, histological findings of negative surgical margin should be required. Otherwise, whether the R0 resection was achieved or not is unclear. What is the significance of “rhabdomyomatous type”? This type seems significance because it is appeared in the title, but in discussion, this type is not listed in the sub classification of the liposarcoma. Figure 3 is a mere macroscopic view of the tumor that cannot address “uniform parenchyma”. The last paragraph in case report section, what is “tan” ?*

**Thank you for your feedback. Since the diagnosis of liposarcoma of the esophagus is quite rare, a standard diagnostic criteria has never been developed. Usually it arises on giant polyps and the standard diagnostic evaluation includes barium swallow and endoscopy. Often a biopsy is not enough to give a diagnosis since complex pathological evaluation is required. As previously reported by Jakowski et al. giant polyps typically have an overlying squamous epithelial layer with a central core composed of adipose and fibrovascular tissue (Figure 4b). Very rarely there are malignant cells within this core which are seen on Fig 5. We have described the diagnostic tests performed in detail in the text and have added the pictures**

with the MDM2 and myogenin (Fig 5, 6) stains. Unfortunately we do not have the desmin stain available. Since the lesion was well differentiated, a mytotic index was not calculated. We also don't have information regarding the polymorphism.

The ultrasound findings are described in the text. The single stalk was visible on endoscopy as well and can be seen in the macroscopic picture provided. The important information on ultrasound was the absence of a large feeding vessel within the stalk which could have made endoscopic resection a little dangerous. We have described this better in the text.

The margins of resection were evaluated by the pathologist and were negative for cancer. This was better described in the text.

The rabdomyomatous type is a very rare type and was described only once before. See reference 3 in the manuscript and Fig 7.

"Tan" is a yellowish-brown color.

We have edited the case report section with your suggestion and this has greatly improved our manuscript.

Reviewer #4: a good job

Thank you very much for your nice comment.