Dear reviewers and editors:

We are pleased to resubmit for publication the revised version of the manuscript (NO.: 72336, ‘Rare cases of neurothekeoma located in the hallux and axilla: Two case reports’), and appreciated the constructive suggestions of the editors and reviewers. We have addressed each of their concerns as outlined below.

Associate peer-review reports

Reviewer #1:
Scientific Quality: Grade B (Very good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Minor revision

Specific Comments to Authors: Well written report Minor language corrections 1: Negative staining for S-100, cytokeratin (CK), epithelial membrane antigen (EMA), smooth muscle actin (SMA), Desmin, Stat6, anaplastic lymphoma kinase (ALK) and neuron-specific enolase (NSE) can be helpful in the differential diagnosis? Sentence need to be corrected as authors did these stains and were negative and these can be helpful.

We absolutely agree with the reviewer. Negative staining for cytokeratin (CK) and epithelial membrane antigen (EMA) can help us exclude epithelial tumours and narrow down the scope of diagnosis; negative staining for S-100 is helpful in distinguishing NTKs from dermal nerve sheath myxomas; negative staining for smooth muscle actin (SMA) and Desmin can be helpful in distinguishing NTKs from smooth muscle cell-derived tumours; negative staining for Stat6, anaplastic lymphoma kinase (ALK) and neuron-specific enolase (NSE) are helpful in distinguishing NTKs from solitary fibrous tumours (SFTs), epithelioid fibrous histiocytomas (EFHs) and neuroblastomas. Sentences are corrected as followed:
Negative staining for S-100, cytokeratin (CK), epithelial membrane antigen (EMA), smooth muscle actin (SMA), Desmin, Stat6, anaplastic lymphoma kinase (ALK) and neuron-specific enolase (NSE) can be helpful in the differential diagnosis, distinguishing NTKs from other soft tissue tumours such as dermal nerve sheath myxomas (DNSMs), smooth muscle cell-derived tumours, solitary fibrous tumours (SFTs), epithelioid fibrous histiocytomas (EFHs), neuroblastomas, etc.

2: What about immunostaining for NKI/C3 (anti-melanoma associated antigen) and MiTF (anti-microphthalmia transcription factor). Is it possible to get these immunostain in these cases. Will add more credibility to the case report

Immunohistochemical examination of NTKs demonstrates that tumour cells express CD10, CD63 (NKI/C3) and MiTF. However, the Pathology Department did not order these two antibodies, so it is impossible to complete NKI/C3 and MiTF immunostaining. We could make the diagnosis of NTKs mainly by pathomorphology of the tumours and immunohistochemical indicators mentioned in the manuscript.

3: Figures are very small. Please add larger figures with better resolution at least for H&E images

In order to facilitate review and evaluation by reviewers and editors, we arranged 4 pictures in one row to make the manuscript more concise. We have arranged the original figure with higher resolution in PowerPoint and provided the document to the Editorial Office, to ensure that all figures can be reprocessed by the editor and to meet the needs of publishing.

Reviewer #2:

Scientific Quality: Grade B (Very good)
Conclusion: Minor revision

Specific Comments to Authors: It is a well-written and well-formatted manuscript about two rare cases of neurothekeoma located in the hallux and axilla. English editing is good and my concern is only about figure legends as in figure 1 there was a macroscopic image that was not described in the figure legend and in figure 2 there was not any one and thus please be consistent with both figures.

We agree with the reviewer’s advice. Following the suggestion, we have modified the figure legend and described the macroscopic image in figure 1. Sentences are corrected as followed:

‘Figure 1 Macropathological and histological analyses of the tumour tissue in case 1. A: Macroscopic image of the verrucous bulge; B-D: Haematoxylin and eosin staining showing the tumour cells (× 200) ……’

Unfortunately, no photo was taken before the specimen of case 2 collected in Pathology Department, so there is no macroscopic image in figure 2.