

Answers to reviewers' comments

1. Reviewer's code: 00043256

Comments: Generally well written case report and review of the literature regarding management of a caecal lipoma. The authors reach the sensible conclusion that a limited caecectomy is an effective treatment when malignancy has been excluded. In the authors' case, the use of frozen section was useful in ruling out malignancy. The clinical pictures are very informative.

Answer: Thank you for the reviewer's encouraging comments.

2. Reviewer's code: 02445477

Comment: Although reported many cases in literature, frozen section biopsy is giving it new finding AND opens new era in cecal lipoma.

Answer: Thank you for the reviewer's encouraging comments

3. Reviewer's code: 03317059

Comments: It is very interesting article. Subclinical appendicitis with Cecal lipoma is very rare. If there is operation photos, It can be included in article.

Answer: A photo of the operative specimen will be added to the revised manuscript (Fig. 1B).

4. Reviewer's code: 03031317

comments: 1. Why screening colonoscopy done before age of 50? 2. What is the size of the polyp? 3. Where are laparoscopic pictures: 4. What is the limit of your resection and why you don't excise the polyp only as you have frozen section with purse string of the appendicular base? 5. Which type of anastomosis you did after resection? 6. "In

cases where malignancy cannot be ruled out preoperatively, formal radical hemicolectomy should be made either laparoscopically or by laparotomy[12]." You can't exclude malignancy preoperatively and you depended on frozen section, this means that this Ref 12 didn't have frozen section?

Answers:

1. People may request colonoscopy in their annual health examination according to personal demand. This is acceptable in our protocol if there is no contraindication.

2. The size of the polyp was 1.5 cm diameter, as measured by colonoscopy.

3. The photographic quality of laparoscopic surgery was not good enough. We added a photograph of the opened surgical specimen to the revised manuscript (Fig. 1B)

4.5. We resected the partial cecum and appendix *en bloc* with an articulating endoscopic linear cutter (Ethicon Endo-Surgery, Inc, OH, USA). The cutter cut the surgical specimen and anastomosed the cecum with secure stapling automatically. The tumor had a sessile pedicle and was located in the appendiceal orifice. Our technique is easily performed and time-saving. Laparoscopic colotomy and tumor excision are time-consuming and could lead to intraperitoneal soiling. We determined that right hemicolectomy was too extensive a surgery because the frozen pathological examination demonstrated benign features. For our patient, the gastroenterologist decided against endoscopic resection for fear of damage to the adjacent bowel wall, because of the tumor's tendency to bleed easily and its sessile pedicle, and its location in the appendiceal orifice.

6. In reference 12, the author reported 4 cases of colonic lipoma. All of these cases received colonoscopic biopsies, which demonstrated lipoma. They performed laparoscopic right hemicolectomy in two cases, laparoscopic colostomy and tumor

resection in one case and endoscopic tumor resection in the remaining one case. They did not perform intraoperative frozen pathological sectioning. We thought that right hemicolectomy was too extensive for the patients.