

Dear Reviewer and editorial office's ,

We have received the reviewer's suggestion and editorial office's comments and have read them carefully. We are extending our sincere gratitude to the experts for their careful review and, in particular, for their valuable suggestions. In response to the reviewer's suggestions and editorial office's comments, we have revised the manuscript and made improvements in light of the comments.

We are looking forward to your valuable suggestions regarding the comprehensive revisions.

Sincerely,

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I WILL RESPOND TO THE REVIEWER'S SUGGESTION AND EDITORIAL OFFICE'S COMMENTS. PLEASE REVIEW THEM

**Reviewer #1:**

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Accept (High priority)

**Specific Comments to Authors:** GOOD CASE REPORT

Thank you for the suggestion.

**EDITORIAL OFFICE'S COMMENTS**

**(1) Science editor:**

4 Scientific quality and comments: The authors report a rare case with solitary fibrous tumors. There are some suggestions. (1) Please delete the citation of reference in the abstract. (2) The figure legends in figures 1 and 2 are same. Please state the difference between the two figures. (3) Please add scale bar to figure 4 if possible.

(1) Please delete the citation of reference in the abstract.

Thank you for this valuable suggestion. We have modified the manuscript as follows:

**“Abstract**

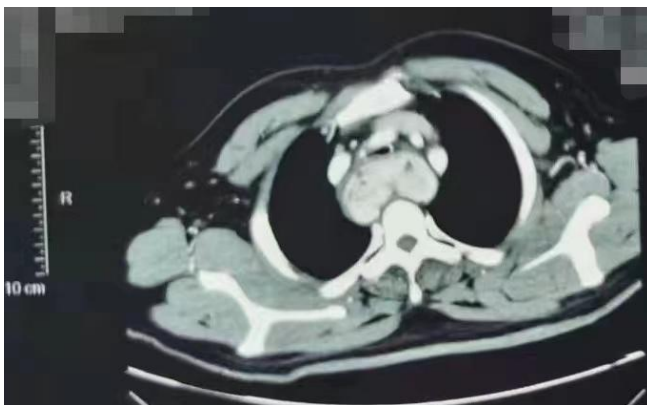
**BACKGROUND**

Solitary fibrous tumors (SFT) are rare spindle cell tumors that are usually benign. A total of 10 cases of SFTs in the upper esophagus have ever been reported. Here, we report the anesthetic management of a patient with a large isolated fibrous tumor of the upper esophagus compressing the tracheal membrane. We also provide a literature review of the current research.”

(Page 2, lines: 1-7)

(2) The figure legends in figures 1 and 2 are same. Please state the difference between the two figures.

Thank you for your comments. Figures 2 shows the most obvious level of tracheal compression. We have modified the manuscript as follows:



**Figure 2** CT of the neck: posterior superior mediastinal esophageal travel area rich in blood supply occupying lesions, consider extraesophageal and intertracheal tumor lesions. This image shows the most obvious level of tracheal compression.

(3) Please add scale bar to figure 4 if possible.

Thank you for the suggestion. Please understand that the pathology results issued by our pathology department do not come with a scale.

**(2) Company editor-in-chief:**

Thank you for this valuable suggestion. We have modified the manuscript as you suggested.