Comments

[**Manuscript NO:** 60334] Chirca Alexandru et al.
Mucinous appendiceal neoplasm: a rare case and a review of the literature

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Dear reviewer thank you very much for the valuable and extensive comments on our clinical case.

We also believe that a lot of confusion and uncertainties persists in the field. A lot of simultaneous classifications, lack of consensus of the best surgical technique and real difficulties to predict the type of lesion pre-operatively.

Major

1. After all, what do you most want to convey to your readers in this article? Is it that simple appendectomy was sufficient as a treatment, or that it was good to choose open surgery? If you would rather want to emphasize that you have diagnosed the tumor as benign preoperatively, there is a lack of explanation, I think, which findings were definitive for diagnosis.
   Thank you for this observation; We believe and we stressed in the text that a thorough examination should be performed pre -operatively.
   However sometimes as in our case it is impossible to know the potential of malignancy of the lesion before surgery and pathology examination.
   We want to stress that in cases like this, with large tumoral masses adressed in an emergency setting, the open surgical approach is the best option and combined with the pathological exam in the ER can permit the choice of a simple appendicectomy or a radical surgery.
2. The authors mentioned a simple appendectomy can suffice for benign appendiceal neoplasms such as this case (page 5, line 11). But it was mere a hindsight bias, I think. The biggest problem about these tumors is the difficality of choice of operative method due to the difficality of preoperative differential diagnosis between benign and malignant. When and why were you albe to rule out the possibility that this tumor was malignant?

As you underline the best surgical technique is tailored by the pre operative evaluation, size of the mass and its extension, its implantation base and also is based on the histologic exam in the operating room. Surgery was performed in an urgent manner and the open approach seemed the most judicious one; then based on the findings of the peritoneal fluid and of the lesion itself , a decision to perform a simple appendicectomy was considered reasonable.

3. Page 5, line 6, you mentioned that magnetic resonance imaging (MRI) is useful for identifying peritoneal disease. Did you perform MRI in this case as well? If you did not, why not?
   Acces to the MRI in an urgent setting like in our patient was problematic and he was evaluated only by ultrasound and CT scan and operated next morning.
4. Figures 1 and 2 should be combined into a single figure (CT findings), and the ultrasound findings should also be presented. If you have performed other diagnostic examination such as MRI, you should

also show them. It may be better to present a photo of peritneal fluid which was gathered during operation, if you have. These recommendation are because of the lack of the evidence for pre- and intraoperative diagnosis of LAMN.

We combined the CT photos in a single figure; an ultrasound image from the ER was also inserted in the text. We do not have a photo of the peritoneal fluid.

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5. Explanation of the pathological findings was required in the text or in the figure legends. Particularly, the definitive findings confirmed with LAMN and the distinguishing points from HAMNs and mucinous adenocarsinomas.

We introduced in the text and in the legend of figure 4 more elements of pathology details that permitted to differentiate LAMN from HAMN in this case.

6. Macroscopic image of cutting surface was needed as well as microscopic image(s). And an explanation was required for each.

We did not have the images to present

Minor

1. In figure 1, erase the CT manufacturer name (PHILIPS). It may be related to conflicts of interest.

Manufacturer name was erased, size of photos adjusted

2. Describe the magnification ratio of objective lens on the microscopic pathological photos.

Magnification described in the legend