

June 22, 2022

Jerzy Tadeusz Chudek, MD, Academic Research, Full Professor
Editor-in-Chief
World Journal of Clinical Cases

Dear Editor:

We wish to re-submit the manuscript titled “**Metastatic low-grade endometrial stromal sarcoma with variable morphologies in the ovaries and mesentery: a case report.**” The manuscript ID is 76755.

We thank you and the reviewers for your thoughtful suggestions and insights. The manuscript has benefited from these insightful suggestions. I look forward to working with you and the reviewers to move this manuscript closer to publication in the *World Journal of Clinical Cases*.

The manuscript has been rechecked and the necessary changes have been made in accordance with the reviewers’ suggestions. The responses to all comments have been prepared and attached herewith below.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,

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The response to two reviewers

We first thank reviewer #1 and reviewer #2 for their constructive questions and comments.

The responses to the reviewer#1 are as follows:

[Question 1: Histological pattern or immunohistochemical profiles of primary or metastatic sites should be shown as a table.](#)

Answer: Thank you for your advice. We have summarized the immunohistochemical profiles of the ovarian tumor and the mesenteric tumor into a table (Table 1), which also has been added in the revised manuscript (Please see table 1 in our revised manuscript).

Table 1 the immunohistochemical profiles of the ovarian tumor and the mesenteric tumor

The ovarian tumor		The mesenteric tumor	
Positive	Negative	Positive	Negative
ER	CD117	ER	CD117
PR	Dog-1	PR	Dog-1
CD10	CD34	CD10	CD34
WT-1	P53	WT-1	P53
Bcl2	BCOR	Bcl2	Desmin
Ki-67(30%)	S-100	Ki-67(30%)	SMA
SMA(focal)	CK		Calretinin
Desmin(focal)	Pax-8		Inhibin- α
CD99(focal)	EMA		S-100
Inhibin- α (focal)	ALK		CK
SF-1(focal)	CyclinD1		ALK
			CyclinD1

[Question 2: Clinical course after resection such as liver injury or response to endocrine therapy should be mentioned more detail.](#)

Answer: We appreciate your suggestion. We found in the medical record system that she had liver function tests with elevated alanine aminotransferase and aspartate aminotransferase. She did not have imaging examination. No more information can be obtained.

The responses to the reviewer#2 are as follows:

Question 1: Minor editing and language corrections are necessary.

Answer: Thank you very much. According to your suggestion, further language polishing was performed in the revised manuscript.

Question 2: The abstract is too short (95 words) and didn't describe the case well. We advise to rewrite it again to be more informative.

Answer: We appreciate your advice. In the revised manuscript, we have add some information and modified the abstract accordingly. (Please see paragraph 2 in page 2)

Question 3: Case presentation a. Physical examination upon admission: needs more detail. b. Figures: 1. The figures are not sufficient to describe the case. Therefore, images of the patient with the mass, CT findings, and intraoperative images are essential to support the presentation of the case. 2. The number of the three figures is not mentioned in the text. c. Surgical exploration: you must say who participated in the operation (for example, gynecologist and general surgeon). d. The paragraph in line 134 should be moved to the previous one. e. You said "The patient was discharged and did not complain any complications." Please, specify the exact date of the discharge. f. Line 174: followed up→ followed-up g. The follow-up period is short for such a dilemma case. Besides, you didn't mention how frequent you saw the patient following the surgery. Therefore, it is advisable to rewrite it again.

Answer: Thank you very much for pointing out the shortcomings of our paper and we appreciate your suggestion.

a: The patient was observed to be short of breath with nominal exercise. The shape of her chest was generally normal. Breath sounds from the right lung were reduced, while those from the left were normal. She had abdominal distention and a palpably large mass, the upper edge of which reached two transverse fingers above the umbilicus. Vulva and vagina revealed no obvious abnormalities. We have added this to the physical examination upon admission section in our revised manuscript. (Please see line 94 in page 5)

b: We have added CT images in the article, please see Figure 1 in our revised manuscript. Besides, we have added the serial number of figures to the corresponding position in the article.

c: Gynecologists and general surgeons participated in the operation. We have added this sentence to the surgical exploration section in the revised manuscript.

d: Thank you very much. The paragraph in line 134 describes the immunohistochemical expression of tumor tissues to help us in pathological diagnosis. The previous paragraph is our preliminary judgment based on the morphology before doing immunohistochemistry. Thus, we think these two paragraphs are not suitable to be interchanged.

e: The patient was discharged on the sixth day after the operation, we have added this to the treatment section in our revised manuscript.

f: We have changed follow up to follow-up.

g: The patient was discharged on May 14, 2021, the sixth day after the operation, so the follow-up time was relatively short. After being discharged from the hospital, she came back 8 times for re-examination and prescription. We have add these to the follow-up section in our revised manuscript.

[Question 4: References: The references in the text should follow the journal style.](#)

Answer: Thank you for your advice. We have checked the format of the references carefully and made changes as requested by the journal in the revised manuscript. (Please see line 259, the references section in our revised manuscript)