Background: Occult thyroid papillary carcinoma (TPC) is always characterized by cervical lymph node metastasis as the initial manifestation, and TPC can be found by ultrasound. However, submandibular solid-cystic mass was the initial and sole manifestation, high frequency ultrasound, enhanced multislice CT scan and thyroid function tests showed no abnormalities in the thyroid gland, which is relatively rare.

Case summary: A 24-year-old Chinese female, who studied at university in Shandong Province, presented to clinic in June 2019 with a right submandibular mass which she had noticed 2 months earlier. Clinical examination revealed a 2-cm, nontender, movable solid-cystic mass in the submandibular region, without palpable thyroid mass was observed. Ultrasonography revealed a 2.0*1.1cm solid-cystic mass in the right submandibular region, and the thyroid gland had no abnormalities. CT scan and 131I-WBS showed that there were no abnormalities in the thyroid. However, Cytology and pathology showed papillary tumor cell clusters, consistent with papillary thyroid carcinoma. So we perform total thyroidectomy and right neck lymph node dissection, the pathology revealed thyroid were detected as classical thyroid micropapillary carcinoma, and lymph nodes of the level of VI central and level II ,III,IV, V right group showed no tumor metastasis. The patient was followed up for 2 years without significant recurrence.
**Conclusion**: Submandibular solid-cystic mass as the first and sole manifestation of occult thyroid papillary carcinoma is relatively rare. For the neck masses fine needle aspiration is necessary.

2. Manuscript: 1. Mention in detail about submandibular solid-cystic, its clinical features, diagnostic criteria, and intervention procedures. 2. Add the demographic characters of the patient in detail. 3. Mention the intervention procedures in detail. 4. Redraft the conclusion as per the case report.

(1) Mention in detail about submandibular solid-cystic, its clinical features, diagnostic criteria, and intervention procedures.

- I have modified it, as follows

Clinical examination revealed a 2-cm, non-tender, mobile solid-cystic mass in the right submandibular region without any palpable thyroid nodules. Ultrasonography demonstrated a 2.0*1.1cm solid-cystic mass in the right submandibular region while revealing no abnormalities in the thyroid gland (Fig.1). US-guided fine-needle aspiration (FNA) exhibited papillary tumor cell clusters consistent with papillary thyroid carcinoma. We performed a biopsy of the mass, and the pathology revealed metastatic carcinoma in lymphoid tissue with morphology consistent with thyroid papillary carcinoma metastasis (Fig.2).

(2) Add the demographic characters of the patient in detail.

- I have modified it, as follows

A 24-year-old Chinese female, who pursued higher education in Shandong Province, presented to the clinic in November 2019 with a right submandibular mass that had been noticed by her two months prior.

(3) Mention the intervention procedures in detail.

- I have modified it, as follows

  After adequate preoperative preparation, the patient opted for total thyroidectomy and right neck lymph node dissection. Pathology identified a 0.3 cm nodule adjacent to the capsule as classical thyroid micropapillary carcinoma that invaded the capsule in the left lobe of the thyroid gland. Additionally, a 0.1cm micropapillary carcinoma was found in the left lobe of the thyroid gland. Fortunately, cervical lymph nodes at level VI central and levels II, III, IV, V on right side showed no tumor metastasis but chronic inflammation. Postoperative radioiodine therapy and TSH inhibition therapy were administered after surgery. The patient has been followed up for 2 years without significant recurrence.

(4) Redraft the conclusion as per the case report.
I have modified it, as follows

Submandibular solid-cystic mass as the first and sole manifestation of occult thyroid papillary carcinoma is relatively rare. For the neck masses fine needle aspiration is necessary.