Dear reviewers

Thank you for your kind advice on the paper.
Most of the paper is corrected as reviewer recommended.
The correction and revisions are as follow:

Reviewer #1:
Scientific Quality: Grade B (Very good)
Language Quality: Grade A (Priority publishing)
Conclusion: Accept (General priority)
Specific Comments to Authors: The authors reported a rare case of retroperitoneal atypical spindle cell lipomatous tumor. The case presentation was complete and clear, and the discussion was adequate and sufficient. I have some concerns needed to be clarified. 1. As a case report, the race of the patient should be list. 2. The operation took 8h. What were the difficulties? How about the intraoperative bleeding? 3. Could the follow-up CT scans be provided? They should be compared with the preoperative ones.

Author’s Answer
1. patient’s race added
2. We add description about operative difficulties, intra-operative bleeding amount and transfusion amount.
3. We add fig 3 about pre-operative and post-operative follow up image.

Reviewer #2:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Rejection
Specific Comments to Authors: Atypical spindle cell lipomatous tumor is a rare soft tissue neoplasm with a low potential for malignancy. Detailed case materials are provided in this paper. Are there any more new findings of molecular pathology in your case? The findings of
molecular pathology will be highlights of the article. It is suggested that the authors provide the molecular pathological changes of Atypical spindle cell lipomatous tumor again. Submit again after revision.

Author’s Answer
1. In our case, more new findings of molecular pathology is none. Our case have typical molecular pathology findings. However, huge retroperitoneal ASLT is very rare and surgical resection of huge retroperitoneal ASLT is very difficult.
2. We add description about molecular issues about ASLT.

Reviewer #3:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Rejection
Specific Comments to Authors: A manuscript is within the scope of the Journal. Title reflects the content of the article. Abstract is adequately structured. Did the patient perform an MRI scan? I’d like to look at a picture of the pathology. Are there any more new findings in your case?

Author’s Answer
1. MRI scan was not performed.
2. We add more pathology pictures and description about pathology review.
3. In our case, more new findings of molecular pathology is none. Our case have typical molecular pathology findings. However, huge retroperitoneal ASLT is very rare and surgical resection of huge retroperitoneal ASLT is very difficult.