Author’s response to reviews

Title: Metachronous solitary splenic metastasis arising from early gastric cancer: a case report and literature review

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List of revisions and responses to reviewers’ comments

Response to Reviewers

Reviewer 1

Thank you for your positive comments and to encourage our paper.
Reviewer 2

Thank you for your comments and suggestions.

1. We added the figure according to your suggestion, which were the pathologic image of primary gastric cancer treated by endoscopic submucosal dissection.

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2. As you recommended, we performed immunohistochemical staining of both primary early gastric cancer and the tumor of the spleen including MUC staining. The results of immunohistochemical investigations of both the primary early gastric cancer and the splenic tumor showed negative immunostaining for chromogranin A, synaptophysin, MUC1, MUC2, MUC5AC, and MUC6. We added the sentences to explain the results of these immunohistochemical staining.

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3. As you mentioned, it seems to be a quite difficult to diagnose whether the splenic mass lesion is a primary tumor or a metastatic tumor. The clinical diagnosis of splenic metastases seems to be largely dependent on the clinical history of the patients.

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4. According to your suggestion, we included pathologists as authors, who were Fujisawa K and Hiroi M.

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5. The pathological diagnosis of specimen after ESD showed a well-differentiated adenocarcinoma coexisting with a solid-type poorly-differentiated adenocarcinoma, invading the submucosal layer more than 2 mm. Therefore, in accordance with Japanese gastric cancer treatment guidelines, the patient subsequently underwent laparoscopic total gastrectomy with regional lymph node dissection, resulting in no residual carcinoma, lymph node metastasis, or lymphovenous invasion.

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6. We assessed the patient with computed tomography at 6 months interval.

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