**Author’s response to reviews**

**Title:** Ectopic para-cardia bronchogenic cyst diagnosed as GIST before surgery—a case report

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**Author’s response to reviews:**

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers’ comments concerning our manuscript entitled "Ectopic para-cardia bronchogenic cyst diagnosed as GIST before surgery—a case report" (Manuscript Number: BSUR-D-19-00727R3). All of the comments and suggestions were valuable and very helpful for revising and improving our report. We have studied every comment carefully to respond to the reviewers. We hope that this revised version meets the publication standards of your journal. The main corrections to the paper and the point-to-point responses to the reviewers’ comments are presented below.

Best wishes,

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Responses to reviewers’ comments

Reviewer #1: The quality of the paper has been partially improved. However, cases of ectopic bronchial cysts near the cardia have been already reported. A review of the literature has been published in 2016 that includes 34 cases of gastric bronchogenic cysts (Tu C et al. Gastric bronchogenic cysts: A case report and literature review. Exp Ther Med. 2016 Apr;11(4):1265-1270). The majority were misdiagnosed as stromal tumors or other benign lesions thus suggesting that bronchogenic cysts should be considered in the differential diagnosis of a GIST.

Response: Thank you very much for your affirmation of the revision of our article. We have also read the article “gastric bronchogenic cysts: a case report and Literature Review”. This article shows that from 1956 to now, only 34 cases of gastric bronchogenic cysts patients have been reported, which also shows the rarity of this kind of disease. We think that the report of this kind of rare case can provide more clinical data and reference for the follow-up study, and also provide more differential ideas for the diagnosis of gastrointestinal tumor, which is of great significance to the clinical work.
Comment 1: Technical details of the surgical procedure have been added, although they are scarce. There is no information about trocar position, instruments used for dissection, etc. Anyway, the authors state that muscular layer resection was performed. Did the authors perform seromuscular suture of the gastric wall?
Response: Thank you for your helpful comments. We perform seromuscular suture of the gastric wall after resection and we also added this description in our manuscript to make it more clear. We think this operation is a conventional laparoscopic tumor resection, so we mainly describe the size, location and surgical removal method of the tumor, and do not give a detailed description of the device and trocar position location.

Comment 2: The authors state that CT and MRI can clarify the nature of the lesion. However, several of these lesions are misdiagnosed as solid mass lesions based on CT and MRI results.
Response: Thank you for these important comments. It may not be very precise to state that “CT and MRI can clarify the nature of the lesion”. However, according to the research of some literatures, CT and MRI really have certain reference value for the discrimination of this kind of mass (Lee SH, Park DH, Park JH, Kim HS, Park SH, Kim SJ and Oh MH: Endoscopic Mucosal resection of a gastric bronchogenic cyst that was mimicking a solid tumor. Endoscopy 38 (Suppl 2):E12-E13, 2006. Fazel A, Moezardalan K, Varadarajulu S, Draganov P and Eloubeidi MA: The utility and the safety of EUS-guided FNA in the evaluation of duplication cysts. Gastrointest Endosc 62:575-580, 2005.) We have rewritten this part as “CT and MRI can help us determine the nature of the mass, but in the end we need intraoperative exploration and pathological results to confirm the diagnosis.”

Comment 3: Several language corrections are needed.
Response: Thank you for the helpful comments. We asked native English speakers to revise the grammar and vocabulary of this manuscript again. We thank Angela Morben, DVM, ELS, from Liwen Bianji, Edanz Editing China (www.liwenbianji.cn/ac), for editing the English text of a draft of this manuscript. Special thanks to you for your helpful comments.

Responses to editors’ comments
Comment 1: Consent for Publication please specify that this written consent for publication was obtained directly from the patient.
Response: We have state that “Written consent for publication was obtained from the patient described in this article.”
Comment 2: Clean Manuscript
Response: We have uploaded our manuscript as a single, final, clean version.

Finally, we want to express our special thanks to you for your valuable and insightful comments. We earnestly appreciate for editors and reviewers' warm work, and hope that the correction will meet with approval. Once again, thank you very much for your comments and suggestions.