**Author's response to reviews**

**Title:** Successful surgical management of a rare esophageal inflammatory myofibroblastic tumour: a case report

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**Author's response to reviews:** see over
Dear Editors-in-chief,

We wish to submit a case report entitled “Successful surgical management of a rare esophageal inflammatory myofibroblastic tumour: a case report” for consideration by the Journal of Cardiothoracic Surgery.

We confirm that this work is original and has not been published elsewhere nor is it currently under consideration for publication elsewhere.

In this paper, we report on esophageal inflammatory myofibroblastic tumour. This is significant because it is one of the rarest conditions of esophagus, which we, thoracic surgeons, come across. The diagnosis and management of such cases is always a joint effort of doctors working in various specialties. The paper should be of interest not only to readers in the areas of thoracic surgery, but also to those working in gastrointestinal surgery, radiology and pathology.

As per your advice we have changed the title and made a few revisions in the abstract. We have also added the CARE checklist and a flow diagram as our additional files. The changes include-

1. Reference to the statement- “Although ALK reactivity is not specific to IMT, it appears to be a factor associated with metastasis and recurrence” has been added.

2. As we could not find another picture of the microscopic slide, the description of figure 6 has been revised.

3. The grammatical corrections, as advised by the reviewers, have been made accordingly.

4. The declaration of the competing interests has been revised to, “I have no financial or non financial competing interests”.

5. The use of chemotherapy and radiation has been mentioned in the discussion. However, the use of indomethacin has not been mentioned as this could not be found in literatures.

Thank you for your consideration of this manuscript.
Sincerely,

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