

## Peer Review File

Article information: <https://dx.doi.org/10.21037/gpm-23-28>

### Reviewer A

**Comment 1:** Can the authors please conduct a literature review to report and discuss how many cases of abdominal wall fibroids have been reported in the past (only one has been mentioned in this manuscript) as well as the learning points arising from these previous studies.

**Reply 1:** Considering your suggestion, we have revised the discussion.

**Changes in the text:** We have modified our text as advised (see Page 4, line 138-140, line 143-147).

**Comment 2:** The wording is confusing - was the original myoma morcellated or removed en bloc through her umbilical port incision? Please provide more detail of her original surgery.

**Reply 2:** As your suggestion, we have revised the discussion.

**Changes in the text:** We have modified our text as advised (see Page 4, line 151).

**Comment 3:** There are numerous grammar and spelling errors that should be fixed - " myomectomy at the ages of 25" " patient 133 accompanied menstrual pain, therefore, we misdiagnosed endometriosis in ".

**Reply 3:** As your suggestion, we have revised the wording.

**Changes in the text:** We have modified our text as advised (see Page 3, line 112 and Page 5, line 194-195).

### Reviewer B

**Comment 1:** Manuscript should be further revised by a native English speaker.

**Reply 1:** Thank you for your advices and we have further revised by a native English speaker.

**Comment 2:** In my opinion, the discussion should be widely implemented by discussing the possibility of laparoscopic myomectomy with excision and/or morcellation of the fibroid within an endobag (PMID: 34730067, 30639472).

**Reply 2:** Considering your suggestion, we have revised it.

**Changes in the text:** We added some data in the discussion (see Page 5, line 166-168).

**Comment 3:** The possibility of disseminating a misrecognized and undiagnosed sarcoma into the patient's abdomen during a laparoscopic myomectomy should also be discussed (PMID: 28975775, 26701205, 25460521).

**Reply 3:** Considering your suggestion, we have revised it.

**Changes in the text:** We added some data in the discussion (see Page 4, line 156-162).

**Comment 4:** The discussion should also support the possibility of acting on myomas close to the uterine cavity, but not properly submucosal, through alternative routes such as hysteroscopy (PMID: 37568356). However, it should be reiterated that this type of surgery should be reserved only for gynecologists with appropriate training (PMID: 37374222).

**Reply 4:** Considering your suggestion, we have revised it.

**Changes in the text:** We added some data in the discussion (see Page 5, line 173-177).

**Comment 5:** In women of childbearing age undergoing laparoscopic myomectomy, antiadhesive agents could prevent a number of complications, such as adhesion formation, thus preserving the patient's reproductive potential and improving surgical outcomes (PMID: 37757758).

**Reply 5:** Considering your suggestion, we have revised it.

**Changes in the text:** We added some data in the discussion (see Page 5, line 171-173).

**Reviewer C**

**Comment 1:** It would be better to collect more case series

**Reply 1:** Considering your suggestion, we have revised the discussion.

**Changes in the text:** We have modified our text as advised (see Page 4, line 138-140, line 143-147).

**Comment 2:** There is no comment on patient's postoperative symptomatic improvement.

**Reply 2:** As you suggested, we have revised it.

**Changes in the text:** We added some data in the case description (see Page 4, line 130-131).

**Comment 3:** Furthermore, there is no microscopic pathology confirmation on leiomyoma. Authors should include the microscopic pathology finding as well as gross photo to confirm the diagnosis of leiomyoma.

**Reply 3:** As you suggested, we have revised it.

**Changes in the text:** We added some data in the case description (see Page 4, line 130).