

Peer Review File

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Review Comments

Reviewer A:

Comment 1: This review is a well-written article. Summary of the role of each modality for diagnosing various cystic mediastinal lesions would help readers in routine practice.

Response 1: Thank you for the comment. We have added some additional info to the introductory segment to further clarify.

Changes in the text: Page 9, 161-166. Approach to Imaging. In general, contrast-enhanced CT is the workhorse modality for characterization of virtually all mediastinal cystic lesions. In indeterminate cases, MRI can be used for troubleshooting and further characterization. Ultrasound can be utilized without risk to the patient but is limited by operator ability and depth of target lesion. F18-FDG PET CT can be used in select cases in which functional imaging may elucidate underlying lesion characteristics.

Comment 2: Page 6, line 120 of Role of F18-FDG PET CT

The sentence “F18-PET CT has a limited role in the characterization of mediastinal cystic lesions.” might be “F18-FDG PET CT has a limited role in the characterization of mediastinal cystic lesions.”

Response 2: This typo has been corrected. Please see below.

Changes in the text: Page 8 line 138. “F18-FDG PET CT has a limited role in the characterization of mediastinal cystic lesions”

Comment 3: Figure legends. Figure 5. (page 23, line 470-472)

“Note is made of areas of low-density (B, HU = 9.65) and high-density (C) compatible with fat deposition and calcification, respectively.”

I think the low-density area does not represent fat deposition but fluid component.

I think small and very low attenuated areas in the mass (C) demonstrates fat component.

Besides, please insert annotations to explain each component.

Response 3: This statement was vague. It has been updated to more accurately reflect the imaging findings, and additional notations have been added to Figure 5. This has been reflected in the updated figure legend.

Changes in the text: Page 22, line 488-489. “Note is made of areas of low-density (B, asterisk, HU = 9.65; C, arrow) and high-density (C, arrowhead) compatible with fluid, fat deposition, and calcification, respectively.”

Please see revised figure 5.

Comment 4: Conclusion (P17, line 363)

The term “vascular septations” was suddenly written in conclusion part. It would be better to add an explanation for the term in the main text except for conclusion.

Response 4: The term has been introduced earlier in the manuscript per suggestion.

Changes in the text: Page 5, line 88. “Enhancing septations, indicative of increased vascularity, may be a herald of malignancy.”

Comment 5: Some sections like “lymphangioma” and “foregut duplication cysts” do not have any citations.

Reply 5: Citations have been added to these sections. Please see revised manuscript.

Changes in the text: Citations added (Page 11, line 225; Page 12; 242); references 2 and 13 and 2 and 14, respectively.

Reviewer B:

Comment 1: Significant scientific contribution to the thoracic pathology literature and well written.

Response 1: Thank you.

Changes in the text: N/A.