

Peer Review File

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Reviewer Comments

Comment 1: This case was considered to be myelolipoma before surgery, which is a benign tumor and observed when there are no symptoms in general. Also, its CT value is enough low to exclude the possibility of malignancy like adrenal cancer, malignant lymphoma, and so on. However, in this case, an adrenalectomy was performed, indicating that the tumor was a teratoma. The author should describe why an adrenalectomy was performed in the Case Presentation section.

Reply 1: Thanks very much for this valuable comment. According to the 《Campbell – Walsh urology》 (Section 13,Chapter III, 11th Edition): A relationship does exist between the size of an adrenal lesion and its malignant potential with larger masses more likely to exhibit adverse clinical and pathologic features. Masses less than 4cm are considered to possess low malignant potential(2% are adrenal carcinomas). Masses that exceed 6 cm should be considered higher malignant potential(25% are adrenal carcinomas). In the intermediate size between 4 and 6 cm, the rate of malignancy is estimated to be 6%. Therefore, it is recommended that the tumor size greater than or equal to 6 cm is one of the indications for adrenalectomy. The size of this case is 6 cm, and the tumor has calcification on CT, which meets the surgical standard. So surgery was recommended. We added this part in the manuscript.

Changes in the text: According to the 《Campbell – Walsh urology》 (Section 13,Chapter III, 11th Edition): A relationship does exist between the size of an adrenal lesion and its malignant potential with larger masses more likely to exhibit adverse clinical and pathologic features. Masses less than 4cm are considered to possess low malignant potential(2% are adrenal carcinomas). Masses that exceed 6 cm should be considered higher malignant potential(25% are adrenal carcinomas). In the intermediate size between 4 and 6 cm, the rate of malignancy is estimated to be 6%. Therefore, it is recommended that the tumor size greater than or equal to 6 cm is one of the indications for adrenalectomy. The size of this case is 6 cm, and the tumor has calcification on CT, which meets the surgical standard.(see Page 2-3, Line 37-46)

Comment 2: As you described in the Discussion section, most teratomas are benign. Also, image inspections can diagnose tumors with teratomas before surgery in about 64.3% cases, which is not so low. Adrenal tumors must not be needed to be performed surgery except that they are considered as malignant or functional tumors. If clinicians can not detect an adrenal tumor as a teratoma and the size of it is very large, not containing fat in CT and/or MRI, they will choose surgery considering the possibility of malignancy. What is a benefit to perform an adrenalectomy on a patient diagnosed with an adrenal teratoma? Can this adrenal teratoma

not be observed without surgery? In previous reports, did they perform an adrenalectomy even if the adrenal tumor was diagnosed with teratoma before surgery?

Reply 2: Thanks for this comment. CT scan makes it easy to mix up with some benign tumors such as myelolipoma, adenoma and hamartoma, even malignant tumors sometimes. Pathology is the gold standard. We think that it is inappropriate to classify this lesion as benign until proven by surgery and pathology.

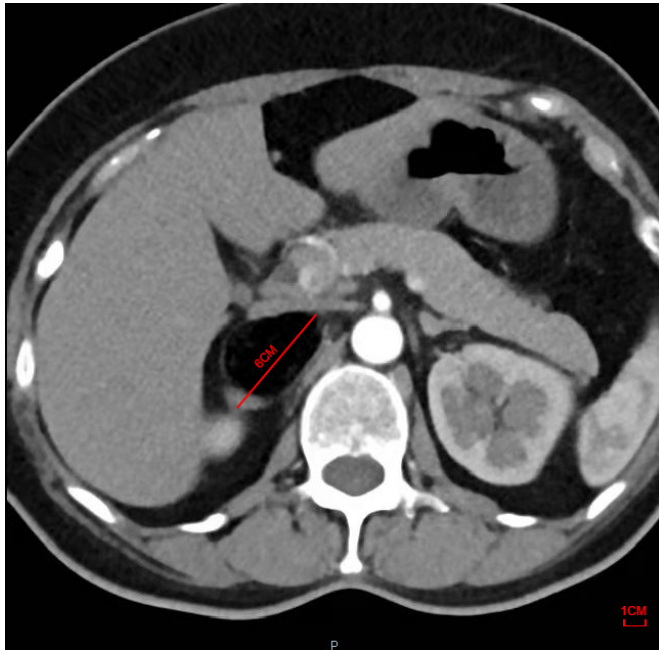
Changes in the text: CT scan makes it easy to mix up with some benign, even malignant tumors sometimes. Pathology is the gold standard. We think that it is inappropriate to classify this lesion as benign until proven by surgery and pathology.(see Page 5, Line 92-94)

Comment 3: Why was this patient performed abdominal CT? Please describe the reason in the Case Presentation section.

Reply 3: The right adrenal gland tumor was found during health examination *via* ultrasonic testing. The patient underwent CT scan for further diagnosis.

Comment 4: The size of this adrenal tumor was described about 6.cm, but the size of it in Figure 1 was equal to aorta whose size is about 3cm in general. The author should show a picture showing the maximum diameter.

Reply 4: Thanks for pointing out this problem. The shape of the tumor is irregular, and the maximum diameter is about 6 cm according to CT scan. And we replaced the original picture with a new one, and we also added the scan bar in the picture.



Comment 5: There are some unnecessary or required spaces missing, like Line 19 “Teratoma” to “Teratoma”, line 33 “(Figure 1).The” to “(Figure 1). The”, etc. Also, in line 85, If

the author would like to say a general theory, not “were” but “are” is better. I think it would be better to be checked this manuscript by a native English speaker.

Reply 5: Thank you very much! This manuscript is now edited by a native English speaker.