

Peer Review File

Article information: <https://dx.doi.org/10.21037/tcr-23-2155>

Reviewer A

Comment 1: Please, revise your English and check for typos and tense mistakes.

Reply 1: We have modified our text as advised.

Changes in the text: Page 2, Line 22-26; Page 3, Line 43-63; Page 4, Line 64-76.

Comment 2: Please may the Authors write an Abstract about their case report, including a brief revision about what is already known about the study subject and why their findings are important, with a short introduction of the case.

Reply 2: We have modified our text as advised. We added the abstract as follows “We present a rare case of endometrial adenocarcinoma located in the cesarean scar diverticulum of a 44-year-old patient. Hysteroscopy can serve as a valuable diagnostic tool to identify the lesion in this unique scenario, particularly when curettage fails to diagnose this uncommon condition. We hope that this case would bring awareness to this potential occurrence through this case.”

Changes in the text: Page 2, Line 22-26.

Comment 3: The Authors may cite references in their case report in order to make the article more praiseworthy.

Reply 3: We have modified our text as advised. We added as follows “[1] Wang Q, Sun S, Cai J, et al. Uterine adenosarcoma: a case report and review of the literature. *Am J Nucl Med Mol Imaging*2023;13:70-76.

[2] Raffone A, Raimondo D, Neola D, et al. Diagnostic Accuracy of Ultrasound in the Diagnosis of Uterine Leiomyomas and Sarcomas. *J Minim Invasive Gynecol*2024;31:28-36.e1. doi: 10.1016/j.jmig.2023.09.013.

[3] Raffone A, Raimondo D, Neola D, et al. Prevalence of sonographic signs in women with uterine sarcoma: a systematic review and meta-analysis. *Ultraschall Med*2023. doi: 10.1055/a-2151-9205.

[4] Raffone A, Raimondo D, Neola D, et al. Diagnostic accuracy of MRI in the differential diagnosis between uterine leiomyomas and sarcomas: A systematic review and meta-analysis. *Int J Gynaecol Obstet* 2023. doi: 10.1002/ijgo.15136. ”

Changes in the text: Page 5, Line 86-96.

Comment 4: Please may the Authors write more in detail about the clinical history of the patient.

Reply 4: We have added our text as advised. We added as follows “A 44-year-old female patient was admitted to our hospital complaining of irregular vaginal bleeding that had lasting for over two months. A B-ultrasound performed at another hospital had revealed a 1+cm mass behind the cesarean incision. One week prior to admission, magnetic resonance imaging confirmed a mass (1.2 × 0.9 × 1.3 cm) at the junction of the corpus uteri and cervix (Figure 1). The patient had undergone a cesarean 12 years prior and had a non-unique past and family history. The examination of her cervix revealed polyp-like growths, and following a curettage, pathological analyses indicated the presence of atypical cells.”

Changes in the text: Page 3, Line 48-54.

Comment 5: Authors may mention that although ultrasound hasn't been used as a diagnostic tool in the discussed case report in discussion and seems to have only moderate diagnostic accuracy in the differential diagnosis of uterine diseases with lower sensitivity and specificity, it still represents the first-line imaging technique since it's non-invasive, cheap and reproducible (e.g. PMID: 37778636, e.g. PMID: 37562447). MRI seems to have a very high accuracy in differentiating uterine sarcomas, with good sensitivity and even better specificity, supporting its use as a reliable second-line diagnostic tool (only after ultrasound) (e.g. PMID: 37732472).

Reply 5: We have added our text as advised. We added as follows “Although ultrasound has only moderate diagnostic accuracy when it comes to differentiating uterine diseases, due to its moderate sensitivity and specificity, it remains the first-line imaging technique as a result of its affordability, non-invasiveness, and reproducibility [2,3]. MRI has shown very high accuracy in the differentiation of uterine sarcomas, demonstrating good sensitivity and even better specificity, which supports its use as second-line diagnostic tool after ultrasound [4].”

Changes in the text: Page 3, Line 62-63, Page 4, Line 64-67.

Comment 6: What was the setting in which the study was conducted?

Reply6: We have added our text as advised. We added as follows “Endometrial adenosarcoma is an unusual type of uterine tumor that features a seemingly benign epithelial component, paired with a low-grade sarcomatous component, usually similar in appearance to endometrial stromal sarcoma [1]. To our knowledge, no image of endometrial adenocarcinoma in the cesarean scar diverticulum has been reported previously. We present a case of this kind to offer clinicians insight into the diagnosis and treatment of such cases.”

Changes in the text: Page 3, Line 43-47.

Comment 7: In order to stimulate research on this topic, Authors may include in the discussion possible research ideas based on their observations.

Reply7: we have added our text as advised. We added as follows “Due to the rarity of the case, the etiology of our patient's condition remains unclear; however, we suspect that the adenosarcoma may be associated with poor wound healing at the site of the previous cesarean section. We hope that this case would bring awareness of this potential scenario, enabling clinicians in the future to identify similar cases more readily. In the future, tumors located in the cesarean section incision should be reported more frequently, as this may reveal the underlying cause.”

Changes in the text: Page4, Line71-76.

Reviewer B

1. This article should be classified as a **Case Report**. Please check and confirm.

Reply: Yes.

Change: See page 1,line 1.

2. Please indicate “case report” in the Title.

Reply: We had revised as you suggested.

Change: See page 1, line 1; page1, line12; page 6, line121-127, page 7, line128

3. The abstract should be structured as **Background, Case Description and Conclusions (200-450 words)**. Please modify your article to it.

Reply : We revised as you suggested

Change: page2, line22-38

4. Please add *case report* as one of the keywords.

Reply : We revised as you suggested

Change: page 1, line 13.

5. The main text should be structured as **Introduction, Case Presentation, Discussion and Conclusions**. Please modify your article to it.

Reply : We revised as you suggested

Change: page4-6, line65-107

Reply : We revised as you suggested.

Change: page 3, line43-58.

6. Please indicate the meaning of the arrow in Figure 1.



Reply : We revised as you suggested

Change: page 8, line 150-151.

7. CARE checklist:

1) Please update the information in the reporting checklist after the revision of the manuscript.

2) Please check if the following information is correct in the reporting checklist.

not applicable>&image) 
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Reply : We revised as you suggested.

