

Peer Review File

Article Information: <https://dx.doi.org/10.21037/acr-23-55>

Reviewer A

Comment 1: Pathological findings (Fig 4) were too bad.

Reply 1: The description and figures of postoperative pathology have been revised.

Changes in the text: Postoperative pathology: Posterior mediastinal mass. One oval-shaped mass measuring 9.5*6*3 cm. part of the surface of the mass was enveloped and smooth. Dissected along the largest side of the mass, the cut surface presented as a yellowish gray, grayish pink. The parenchymal mass was moderately hard in texture. (see Page 3, line 84).

Figure 4:

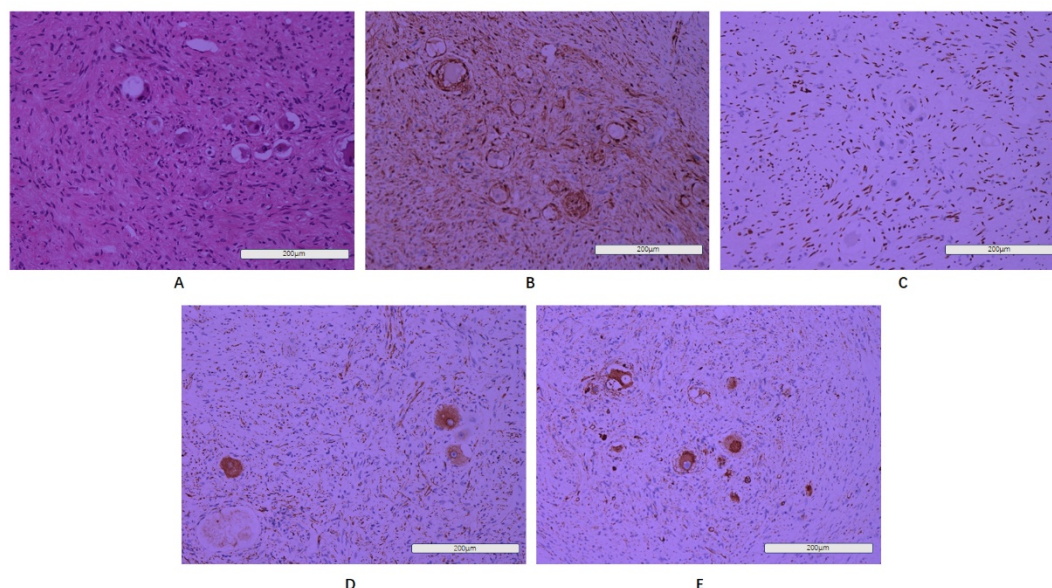


Figure legend 4: Figure 4. A. The pathological sections of surgical specimens were stained with HE (magnification $\times 20$, reference bar, 200 μm). B. The pathological sections of surgical specimens were stained with S100 (magnification $\times 20$, reference bar, 200 μm). C. SOX10 staining of pathological sections of surgical specimens (magnification $\times 20$, reference bar, 200 μm). D. Neurofilament Protein staining of pathological sections of surgical specimens (magnification $\times 20$, reference bar, 200 μm). E. Synaptophysin staining of pathological sections of surgical specimens (magnification $\times 20$, reference bar, 200 μm). (see Page 5, line 181)

Comment 2: Abstract; Case Description, complained of a 2-week mediastinal mass on physical examination. What does it mean?

Reply 2: Our description is not accurate enough. We mean that, “His chief complaint was the discovery of a mediastinal mass 2 weeks ago, which was discovered during routine examinations.”

Changes in the text: we have modified our text as advised: the patient, a 30-year-old man, the chief complaint was the discovery of a mediastinal mass 2 weeks ago, which was discovered during routine examination. (see Page 1, line 23; Page 2, line 56).

Comment 3: Case presentation line 53, good sprits, good spirits; Line 87 Adverse – lower case

Reply 3: The clerical error has been corrected as required.

Changes in the text: we have modified our text as advised: Since the onset of the disease, the patient has been in good spirits, normal diet, and no significant changes in body weight. (Page 3, line 61)

The patient has fully recovered their health, there is no adverse and unanticipated events. (Page 3, line 95)

Reviewer B

Comment 1: Has this patient had an MRI scan performed in the preoperative phase?

Reply 1: We have proposed an MRI examination. Unfortunately, the patient refused the MRI examination. We speculate that it may be a financial issue. In China, the medical insurance system is relatively complex, and patient himself does not have medical insurance in Beijing, so medical expenses cannot be fully reimbursed.

Changes in the text: /.

Comment 2: If the biopsy is malignant, there is a possibility that it may cause needle tract seeding. I think the case presentation and discussion should include whether a biopsy was necessary in this case.

Reply 2: In the absence of a completely clear preoperative diagnosis, I believe that a preoperative puncture biopsy is necessary to be done. At present, because of the development of technology, even for malignant tumors, the chance of needle to metastasis due to fine needle puncture technique is very low, which is estimated to be about 0.003%-0.009%. However, in this case, the patient's ganglion cell neuroma was closely related to the surrounding tissues, closely related to the large blood vessels, and close to the thoracic duct, located above the celiac pond, which was a higher risk. Based on the imaging data, we considered the possibility of benign tumor in this disease. Therefore, we decided to perform surgical resection of the tumor.

Changes in the text: In the absence of a completely clear preoperative diagnosis, I believe that a preoperative puncture biopsy is necessary to be done. At present, because of the development of technology, even for malignant tumors, the chance of needle to metastasis due to fine needle puncture technique is very low, which is estimated to be about 0.003%-0.009%. However, in this case, the patient's ganglion cell neuroma was closely related to the surrounding tissues, closely related to the large blood vessels, and close to the thoracic duct, located above the celiac pond, which was a higher risk. Based on the imaging data, we considered the possibility of benign tumor in this disease. Therefore, we decided to perform surgical resection of the tumor. (Page 3, line 113)

Comment 3: Since surgical resection was performed in this case, I think it would be better to include basic information such as weight in the physical examination findings. If the BMI is high, we need to pay attention to the perioperative management of the patient, and we should also consider the possibility of tumor metastasis.

Reply 3: The BMI is added in the physical examination part. In addition, we also add the relationship between BMI and ganglioneuroma in the discussion part.

Changes in the text: The patient's height was 180cm, weight was 59kg (BMI=18.2). (Page 2, line 62).

The patient's BMI was 18.2, which was rare in the gangliocytoma. The patients with the obesity, was positively related to the gangliocytoma, especially in the adrenal ganglioneuroma. (Page 3, line 108).

Comment 4: Throughout the entire Figure, I think that the lesions indicated should be marked with arrows. In addition, the description should be presented in the form of (arrow), etc.

Comment 4: The figures and figure legends have been revised as required.

Changes in the text:

Figure 1:

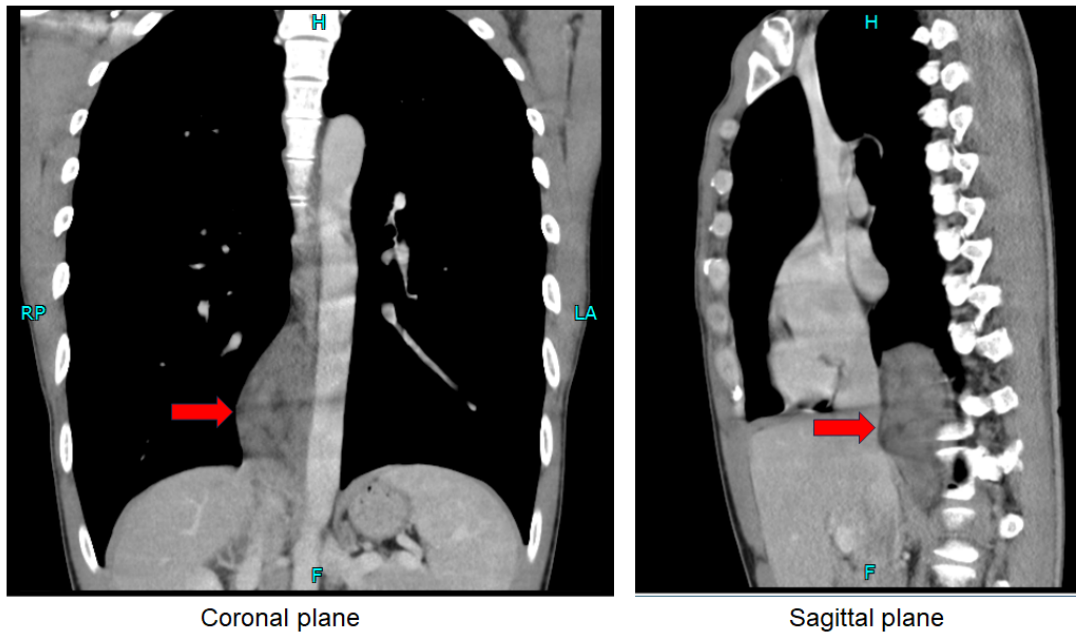


Figure 2:

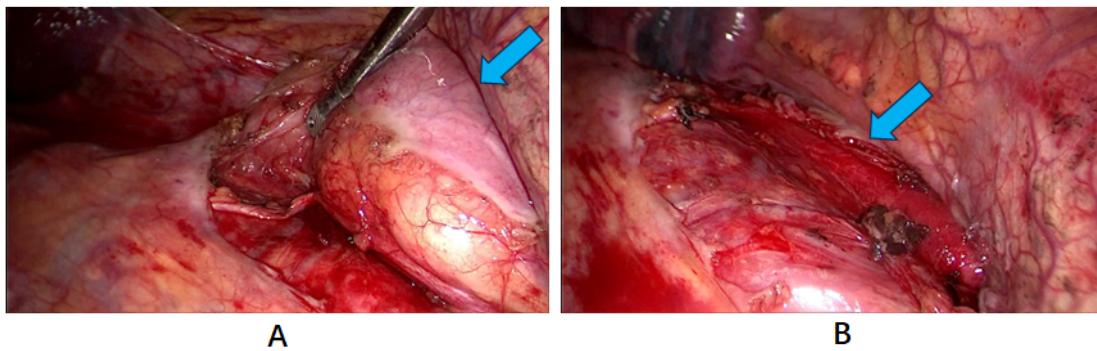


Figure legend 1: Preoperative CT showed that the tumor was located in the posterior inferior mediastinum, close to the thoracoabdominal junction. The red arrow refers to the tumor. (Page 5, line 175).

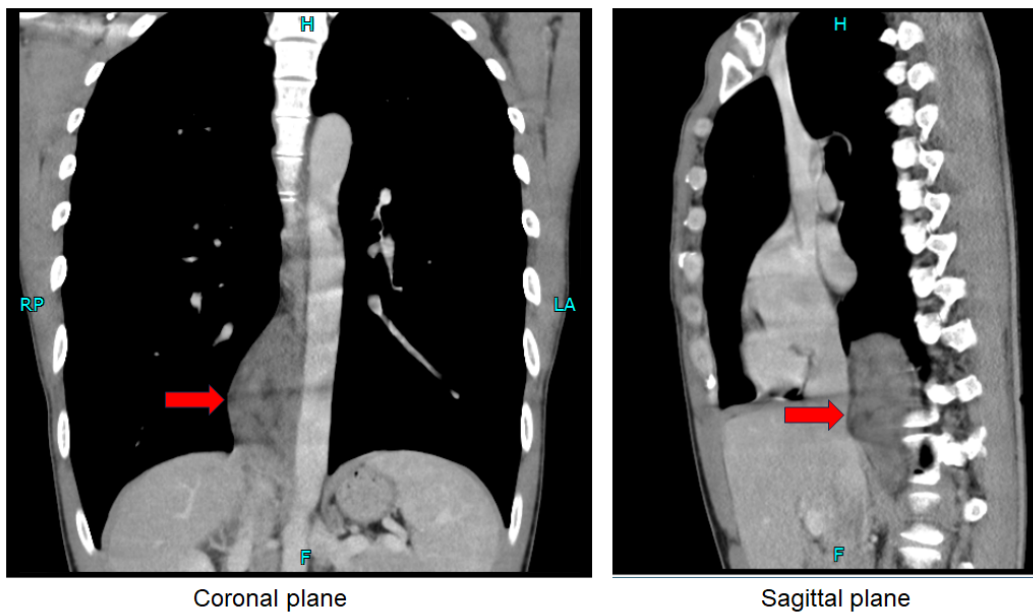
Figure legend 2: Thoracoscopic tumor resection with complete tumor resection. In figure 2.A the blue arrow refers to the tumor. In figure 2.B the blue arrow refers to the situation after removing the tumor(Page 5, line 177).

Comment 5: CT should show sagi, cor.

Reply 5: The figures have been revised as required.

Changes in the text:

Figure 1:



Comment 6: Regarding histopathological findings, if the lesion is HE stained, the scale should be indicated in the lower right corner, and the magnification should be indicated in the explanatory text. Many case reports take that form.

Reply 6: The description and figures of postoperative pathology have been revised as required.

Changes in the text:

Figure 4:

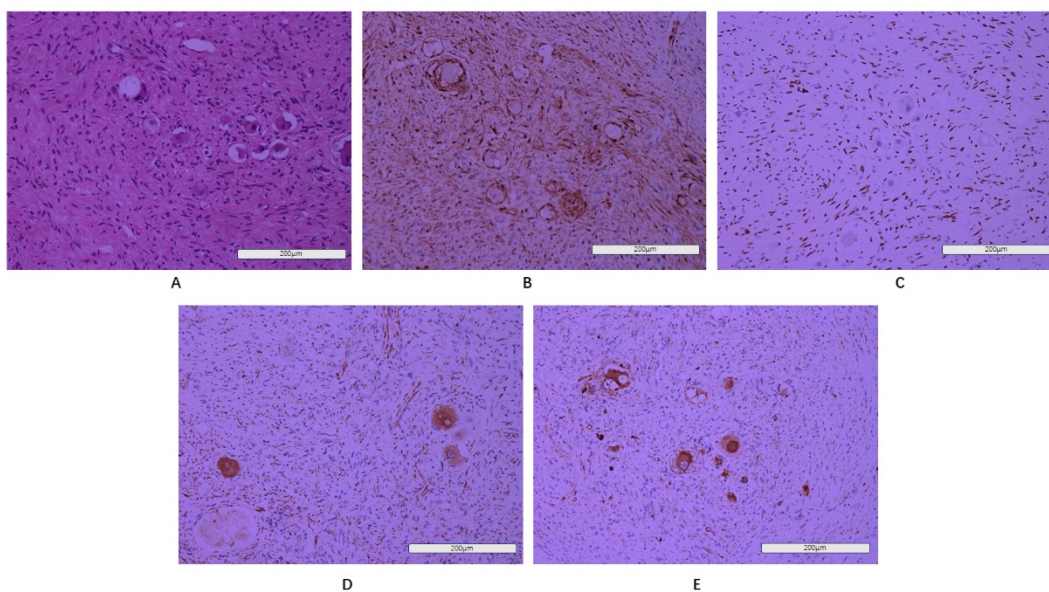


Figure legend 4: Figure 4. A. The pathological sections of surgical specimens were stained with HE (magnification $\times 200$, reference bar, 200 μm). B. The pathological sections of surgical specimens were stained with S100 (magnification $\times 200$, reference bar, 200 μm). C. SOX10 staining of pathological sections of surgical specimens (magnification $\times 200$, reference bar, 200 μm). D. Neurofilament Protein staining of pathological sections of surgical specimens (magnification $\times 200$, reference bar, 200 μm). E. Synaptophysin staining of pathological sections of surgical specimens (magnification $\times 200$, reference bar, 200 μm). (see Page 5, line 181)