

Leiomyosarcoma (LMS) ~~are~~ is a rare tumor of ~~the~~ small intestine, which arises from the muscularis mucosa or muscularis propria. The most common site of LMS occurrence in the small intestine is the jejunum, followed by the ileum and ~~then~~ duodenum. ~~The~~ ~~its~~ common ~~presentations-~~ manifestations include abdominal mass, abdominal pain, ~~and-or~~ overt gastrointestinal bleeding. ~~They~~ ~~LMS~~ ~~are~~ mainly ~~seen-~~ occurs in the 6th decade of life, with slight male preponderance.

**Comment [A1]:** The definite article “the” is used to denote specificity. Here, “the” is required as a specific organ is being referred to.

~~The~~ ~~P~~reoperative diagnosis of small intestinal tumors is difficult, especially in terms of differentiating between benign and malignant tumors. ~~For LMS in small intestine,~~ ~~A~~ recent ~~review of~~ literature review revealed that computed tomography (CT)- and magnetic resonance (MRI)-enterography and enteroclysis are good ~~options-~~ modalities for the assessment of LMS in the small intestine. ~~Cases of~~ ~~Superficial lesions,~~ ~~which~~ can be missed by both CT and MRI imaging, can ~~however~~ be detected by water capsule endoscopy, with a detection rate of ~~around-~~ approximately 80%.

**Comment [A2]:** A nonrestrictive clause is a clause that adds additional or nonessential information to a sentence. Such clauses are usually separated by commas. Here, as the clause provides additional information about detection of superficial lesions, it is separated by a comma.

Histologically, LMS resembles ~~like~~ gastrointestinal stromal tumor (GIST); however, ~~they~~ ~~are~~ ~~it~~ is negative for CD117 and CD34 ~~negative by immunohistochemistry~~ and positive for smooth muscle antigen-actin (SMA) and desmin on immunohistochemistry. When the size of LMS ~~these tumors are~~ is more than 5 cm, ~~they~~ ~~it~~ commonly spreads hematogenously to the liver (65%), other gastrointestinal (GI) organs (15%), ~~and the~~ lungs (4%). It ~~also has the capability to~~ can also spread via the lymphatics system (13%) or ~~via-~~ peritoneal route (18%). The only effective treatment for LMS in the small intestine ~~LMS~~ is surgery. The primary tumor should be excised radically, including a with wide resection of the mesentery. ~~Response-~~ The response of LMS to chemotherapy is ~~doubtful-~~ unknown, and ~~there is no role for~~ radiotherapy does not play a role in treatment. Therefore, if possible, metastasectomy; ~~if possible,~~ should be

**Comment [A3]:** In general, terms that are used only once in the manuscript need not be abbreviated.

considered.- Large phase II and III ~~studies~~ trials involving the combination of ~~combining~~ docetaxel and gemcitabine ~~have reported~~ yielded impressive response rates ~~for in~~ LMSs (mostly of uterine origin). However, ~~some studies~~ ~~others were~~ have not ~~been~~ able to confirm the efficacy of this combination. Recently, trabectedin showed response rates ~~of~~ up to 56% ~~for in~~ LMSs, and ~~it has~~ appeared to be ~~especially~~ particularly useful ~~against in~~ far-advanced and metastatic LMSs after failure of the combination of anthracyclines and ifosfamide.

SAMPLE