

Dear reviewer,

Thanks for your comments. The replies have been listed below.

1. The age of the patient has been changed in case summary.
2. Surgical processes: Nasal lateral and Nasolabial sulcus incision were performed. Expose anterior surface of maxilla. Remove right upper lateral incisor, palatal flap was turned up. Complete resected of the lesion of maxilla and contents of maxillary sinus and ethmoidal cellules. Retain the pavimentum orbitae and zygomatic process of maxilla. Partial lateral pterygoid plate and medial pterygoid plate were taken out with detacher and rongeur. Before suture of wounds, packing by using iodoform gauze and drainaging from nasal meatus.
3. History of past illness in 2011 was sufficiently described.
4. Specimens were got from the maxilla and contents of maxillary sinus after decalcification. The diagnosis of vascular malformation was made by pathologist. Combined with the immunohistochemical results, the diagnosis of intraosseous venous malformation was made.
5. Preoperational diagnosis of this patient was unclear. Odontogenic tumor was the most likely diagnosis in preoperational discussion. The lesion was squeezed into the right maxillary sinus and close to the canalis opticus. So, we performed preoperative conversation with the patient and his parents. First of all, the eyesight of the boy was the top priority for them and they highly concerned about the recurrence rate. But the frozen section cannot deal with the bone tissue, so the pathology department cannot get enough information about the lesion. So, we performed the surgery according to the standard of benign odontogenic tumor. We extended about one teeth place and retained the pavimentum orbitae and zygomatic process of maxilla and incisor teeth. So, the faciomaxillary support and barrier property between nasal and oral cavity were enough, so the linguistic function and diet function were satisfactory. We might reconstruct the right maxilla after the

development of faciomaxillary bone under the patient's wish in the future.

6. Postoperative photos of the patient face figure have been provided in the article.

Best regards,

Xu Cai

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