

## **The response to the reviewer's comments**

Thank you for your comment. The response of the comments is listed below:

1. The literature review in the title does not make sense, and the authors did not make clear of it!

**Response:** we change the title to “The successful treatment of congenital palate perforation: case report and review of the literature”

2. Some important keywords such as Craniomaxillofacial, von Langenbeck palatoplasty are missed, and some current ones are not appropriate, such as case report, review, treatment, etiology.

**Response:** we substitute the keywords of “case report, review, treatment” with “Craniomaxillofacial, von Langenbeck palatoplasty, and submucous cleft palate.”

3. The following two important points at abstract are missing o Introduction – WHAT is unique, and WHY this finding may be associated with a particular intervention?o The patient's primary concerns and important clinical findings.

**Response:** A congenital palate perforation with submucous cleft palate (SMCP) is infrequent. There is controversy about its exact etiology and appropriate management. As the patient's main concerns are the closure of the fistula and satisfactory velopharyngeal competence. We achieved the aim with the reconstruction of the palatal muscular connection.

4. I expected to see more details in the introduction about “summarize why this case is unique with medical literature references.

**Response:** Although there is not a consensus for congenital palatal perforation association with submucous cleft palate, the aims of treatment are the same: closure of the fistula, rearrangement of the palatal muscles, and lengthening of the short velum. However, the surgical treatment of the fistula was simple, and satisfactory velopharyngeal competence was not easily achieved. The case we reported is unique because of the adequate velopharyngeal competence.

5. According to CARE checklist, the most important points on diagnostic assessment and therapeutic approach are missing.

**Response:** Diagnostic assessment and therapeutic approach are added in CARE checklist.

6. The following sentence has defects conceptually and grammatically “Consideration the anatomy and etiology; the congenital palate perforation should be classification as isolation or association...”

**Response:** Consideration the anatomy and etiology, the congenital palate perforation should be classified as isolation or association with submucous cleft palate (SMCP), and the treatment procedure should be altered.

7. How about the strengths and limitations of current study?

**Response:** Closure of the fistula and satisfactory velopharyngeal competence were achieved in the case we reported. However, the long-term effect on maxilla growth should be followed-up.

8. How about the obtained informed consent?

**Response:** Informed consent statement: Informed consent was obtained from

the patient.