

Dear Editor,

Thank you very much for your comments and suggestions.

We have revised the manuscript, according to the comments and suggestions of reviewers and editor, and responded, point by point to, the comments as listed below. In this revised version, changes to our manuscript were all highlighted within the document by using red colored text. If there are any other modifications we could make, we would like very much to modify them and we really appreciate your help. “World Journal of Clinical Cases” is a journal of great popularity and prestige. We hope that our manuscript could be considered for publication in your journal. Thank you very much for your help.

Best wishes,

Yours sincerely,

Ping Zhang

## **Response to Reviewers**

Reviewer #1 Reviewer' s code: 03072151

1. The pathological manifestation of SIS resembles that of common schwannoma except that no nerve root remnants can be identified in the specimen. Is this the only difference? Are there any other pathognomonic features to diagnose SIS? Please clarify your diagnosis to the authors.

**Answer: We feel great thanks for your professional review work on our article. Through careful review of relevant literature, we believe that SIS and common schwannoma are consistent in pathological manifestation. SIS differs from common schwannoma in that it invades the spine, when the tumor extending into the spinal canal, it may attached to nerve roots . So the nerve root remnants may be identified in the specimen in some cases of SIS. Therefore, imaging examinations and intraoperative exploration are effective methods to distinguish SIS from common schwannoma. Acorrding to you suggestion, we have replaced “ The features were of a schwannoma (World Health Organization grade I), in keeping with an intra-osseous schwannoma” with “The features were of a schwannoma (World Health Organization grade I)”(page 5, line145/146). Please see the revised draft.**

2. The figure legends for Fig.1 are presented but the figures are missing.

**Answer: Thanks for your help. We feel really sorry for our carelessness. It has been revised. Please see the revised draft(Fig.1 page 9, line273).**

3. The tumor in this case does not involve the spinal canal and neuroforamina. Please label this feature in Fig. 1 when revising

**Answer: Thanks for your suggestion. The Fig.1 has been presented. The location of the tumor of the figure was label by red arrow and the feature was illustrated through figure legends(Fig.1 page 9, line273)( page 10, line276-278).**

4. Postoperative CT was followed in Fig. 3. When was it done?

**Answer: It was done in a week after surgery. It has been revised. (page 6, line155, 156)**

Reviewer #2 Reviewer's code: 01220036

accepted for rarity

**Answer: Thank you.**

Reviewer #3 Reviewer's code: 02444715

1.the paper: Spinal intraosseous schwannoma without spinal canal and neuroforamina involvement: a case report and literature review present an interesting case report . The authors need to present more details about the case and the previous literature review aim of the work is not clear , the reader need to get a clear message from the study .The short followup is a limiting factor clinical and radiological post operative photo may improve the usefulness of the paper

**Answer: Thank you very much for the comments and suggestions. According to your nice suggestions, we have made corrections to our previous draft. We added more details about the physical examination and imaging examinations. The detailed corrections are listed below. (page 4, line106, 109-111)(Fig.1 page 9, line 273)(Fig.3D page 10, line285, 289). The purpose of our paper is to present a rare SIS case and review previous cases of SIS and to focus on the classification of SIS because the classification of SIS has not been fully described in the previous literatures. We believe that the classification of SIS is of great significance for the treatment of this disease. It is a pity that the follow-up time for this case is only one year. We will continue to follow up this case and collect more information to deepen the study.**

Reviewer #4 Reviewer' s code: 02710967

1.Please provide preoperative x ray and MRI as well as postoperative and last follow up x ray

**Answer: It is really a giant mistake to the whole quality of our article. We feel sorry for our carelessness. We have corrected it and we also feel great thanks for your point out. We have added pictures of Preoperative x ray and MRI as well as postoperative and last follow up x ray in the revised manuscript (Fig 1, page 9, line273, )(Fig. 3D, page10, line285). Please see the revised draft.**

2. Why the authors did not get CT guided biopsy before the surgery

**Answer: We recommend patients to receive CT guided biopsy before the surgery but the patient refuses to receive the biopsy due to cost.**