

Dear reviewer

Thank you for giving us the opportunity to submit a revised draft of the manuscript “**Chondromyxoid Fibroma of the Cervical Spine: A Case Report and Literature Review**” for publication in the Journal of *World Journal of Clinical Cases*. We appreciate the time and effort that you dedicated to providing feedback on our manuscript and are grateful for the insightful comments on and valuable improvements to our paper. We have incorporated most of the suggestions made by the reviewers. Those changes are highlighted in the manuscript. Please see below, in blue, for a point-by-point response to the reviewers’ comments and concerns. All page numbers refer to the revised manuscript file with tracked changes.

1. Opening statements in the introduction is satisfactory but the way you pitch in your case needs to be improvised

Answer: In the introduction section (pages 1 to 2), we revised the content of the introduction section and the discussion section in conjunction with Recommendation 5, including the deletion of some duplicate content.

2. Case history needs to be revised for relevance and language needs lot of attention in surgical procedure

Answer: In the case history section, we have improved the medical history and adjusted the format according to the recommendations of the Science editor. During the operation, we further condensed the content of the operation.

3. In general for any oncological case report a minimum follow up of 2 years is needed before presenting to comment on recurrence but your case with short follow up you say your management strategy has significantly less recurrence rate which needs to be modified

Answer: Thank you for your question. Our case was operated in October 2019. We have been following the patient for more than two years after the operation. So far, no recurrence has been found. Therefore, according to your suggestion, we have revised the content and reflected it in the OUTCOME AND FOLLOW-up (page 5).

4. The histopathological image provided is not electron microscopy kindly revise it and also mention the magnification factor and the diagnostic features

Answer: Thank you for your suggestion. It was our mistake to write microscope as electron microscope before. Now it has been changed (Figure 3 on page 5).

5. Most of the points discussed in introduction were repeated in discussion segment kindly avoid repetition

Answer: Combined with the first suggestion, we have deleted the duplicate content in the introduction section.

6. Discuss all the potential differential diagnosis in your case and the ways by which you ruled out all and arrived at the current diagnosis

Answer: The diseases that can be differentiated from cervical CMF are discussed. Include low grade chondrosarcoma, enchondroma, chondromyxoid fibroma-like osteosarcoma, chondroblastoma, And giant cell tumor of bone. Finally, by excluding the differential diagnosis, we concluded that our case was cervical CMF (pages 6 to 7).

7. Presentation and details of CMF in other locations are not warranted and you can stick on to the varied spinal presentations of CMF reported in literature

Answer: In response to your suggestion, we have removed the performance of CMF in other parts of the spine and focused only on the performance of the

spine (page 8).

8. Avoid references in conclusion and don't introduce new facts in conclusion

Answer:In the discussion, we delete the reference

9. Kindly rephrase conclusion to only facts from your case and don't generalise the results

Answer:The discussion section has been rewritten for your review (page 12)•

Finally, I would like to thank you for your help with our manuscript. I would like to extend my sincere greetings to you and wish you all the best. If you have any questions or requests about our manuscript, we will reply to your next request at any time.