

Reviewer #1:

Please make the following modifications:

1. In the research abstract, just the most essential findings/results of the present study should be clarified without delving into detail.

The abstract subsections include background, case summary, and conclusion. It is structured according to the format in the guidelines. The abstract is revised and made more concise (240 words).

2. The study's introduction should be limited to three paragraphs, with the first paragraph expressing the importance of the current study, the second paragraph expressing the knowledge gap that the current study seeks to fill, and the final paragraph expressing the current research problem and how to solve it within the framework of the study's goal.

The Introduction is revised according to recommendation. The key points for writing the Introduction are fulfilled:

- Describe the subject matter.
- State the purpose of the case report.
- Provide background information.
- Provide pertinent definitions.
- Describe the strategy of the literature review and provide search terms.
- Justify the merit of the case report by using the literature review.
- Introduce the patient case to the reader.
- Make the Introduction brief and less than three paragraphs.

3. The final paragraph of the discussion should be devoted to outlining the limits of the present study as well as assessing its positives. I would urge the author(s) to define the present study's future directions in the final paragraph of the discussion.

The final paragraph is added according to reviewer's recommendation:

‘The case demonstrates the role of a wide spectrum of radiological tests in evaluating rare pathology - septic arthritis of the manubriosternal joint and the use of advanced ultrasound for follow-up persistent changes. Furthermore, ultrasound findings of septic arthritis of the manubriosternal joint are analyzed in detail in all stages of the disease. There is a lack of information in the literature about the management of septic arthritis of symphysis by ultrasound, the best choice of investigation in the differential diagnosis from early to late disease course and follow-up of these patients. Ultrasound provides the clinician with tools to promptly manage such a case, especially when more costly methods are not available. There is a task to accrue more data on ultrasound use for practical application in septic arthritis generally and purulent process in symphyses.’

4. The study's conclusion must be reviewed to determine whether the research problem has been solved or whether the present study has achieved the aim for which it was created.

The conclusion is revised. The aim was to demonstrate the diagnostic use of SMI in comparison with other radiological test for diagnosing septic arthritis of the manubriosternal joint.

‘SMI in comparison with other radiological tests demonstrates the diagnostic usefulness for the early diagnosis and follow-up monitoring of patients with septic arthritis of the MS joint, especially in the subclinical case at the beginning of the disease, and for screening in the late course. It provides objective findings that assist a clinician in making a time-sensitive diagnosis.’

5. Some of the research references are outdated and should be updated. Please be aware of using references from 2019 to 2023.

We did not find the recommendation to use only the last 5 years’ references in the guidelines. We reviewed and analyzed all similar cases in databases and there is a small number of articles on this topic (Septic arthritis of the manubriosternal (MS) joint is a rare pathology, with only thirteen cases identified in literature since 1985). Also, cited older books of anatomy are not updated. Options for citation are limited.

6. Are the images linked to the work of the study team, or are they from elsewhere? If it is not the product of the research team, please specify that it protects intellectual property rights and third-party rights.

We confirm that all images/figures are performed by our team. The copyright license agreement is signed. Also, we added the copyright information to the bottom right-hand side of images in PowerPoint (PPT): Copyright ©The Author(s) 2023. (according to guidelines).

7. There were a few minor spelling and typographical problems that should be fixed.

Thank you, the manuscript is revised.

Reviewer #2:

1. While the preferred font in medical articles is Times New Roman, the World Journal of Clinical Cases uses Calibri as a font for articles. Please regard this potential change to your manuscript.

We used *Book Antiqua* according to guidelines: “All articles must be prepared with Word-processing Software, using 12 pt Book Antiqua font and 1.5 line spacing”.

2. Please use Justify throughout the whole manuscript.

- It is great, we agree. The *Justified* text gives for the manuscript clean and crisp edges, so it looks more polished.

3. Ideally, the abstract is comprised of approximately 200-250 words. Please take into consideration making it more concise.

The abstract is revised (240 words).

4. Please consider using the same indentation before the start of a paragraph throughout the paper.

The way of indent paragraphs has to be the same in the whole manuscript. Also, there is a special example for authors: [Format for Manuscript Submission-Case_Report.pdf](#)

5. Please evaluate the following issues regarding grammar errors and content:

- line 135 - Please consider using “with a five-day history of”.

It is corrected.

- line 141 - “There were no obvious objective symptoms in the chest.” – The sentence is unclear as symptoms are inherently subjective. Please consider rephrasing it.

The sentence is rephrased: “There was no redness or irregularity in the skin of the chest area”.

- Line 155 - Please consider using “minute” instead of “min”.

It is corrected.

- Line 157 - Please consider stating the BMI at the beginning of the Physical examination.

It is corrected.

- Line 168 – Bearing in mind that the electrocardiogram evaluates the electric activity of the heart, without showing direct images, I consider that adding information regarding this evaluation to be inappropriately added under “imaging examination”.

We tried to consider where to shift an electrocardiogram in case presentation, but there are only two sections: laboratory or imaging examinations. This test is instrumental imaging and has the secondary value for confirming tachycardia (criteria of sepsis), the direct image of the electrocardiogram is not important for the content.

- Line 170 - Please consider adding whether the computer tomography was done using contrast.

The specification is added: “Thoracic computed tomography (CT) angiography, non-contrast chest CT, and X-ray of the thoracic spine, ribs, and sternum were performed...”

- Line 172 - Please consider introducing the meaning of PD in text.

The meaning of PD (Power Doppler) is explained in the Introduction.

- Line 196 - Please consider using “No other findings in the transthoracic echocardiogram were detected” instead of “Any other findings in the transthoracic echocardiogram were not detected”.

Thank You for a good point and this sentence is changed.

- Line 257 - Please take into account using “to consider” instead of “for considering”.

It is corrected.

- Line 296 - Please use “until” instead of “till”, as it is more formal.

It is corrected.

- Line 480 - Please use “The surfaces of the MS joint”.

It is corrected.

- Line 484 - Captions must be placed above tables.

Table 1 is revised according to guidelines (standard three-line table with caption above) and uploaded in “Table File”.

Table 1 Ultrasound findings for septic arthritis of the manubriosternal joint according to the course of the disease.

	Disease course		
	Early - Acute	Subacute	Chronic - Residual
Effusion	+++	+++	-/+
Synovial thickening	+	+++	+ / ++
Active vascularity:			
PD	-/+	++	-/+
SMI	++	+++	+ / ++
Bone erosions	-/+	++ / +++	+++

+++ high; ++ medium; + mild; - not detected;

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2023. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

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Table 1 is revised according to guidelines (standard three-line table with caption above) and uploaded in “Table File”.