Dear Editor and reviewesr:

Thanks very much for taking time to review this manuscript. We really appreciate all your comments and suggestions. We have carefully considered the suggestion of you and make changes accordingly.

The yelow part that have revised according to your comments. Revision notes, point to point are given as follows:

(1) Science editor:

2 Scientific quality:

Can the author describe a corelation between NF1 mutation and neurofibromatosis type 1, and TSC1 lymphangioleiomyomatosis and tuberous sclerosis complex.

Thank you for the suggestion. We add content of the two diseases in line 83-87. The Lymphangioleiomyomatosis (LAM) is a rare, progressive and systemic disease that typically results in cystic lung destruction. It predominantly affects women, especially during childbearing years. The term sporadic LAM is used for patients with LAM not associated with tuberous sclerosis complex (TSC), while TSC-LAM refers to LAM that is associated with TSC. Although we found a missense mutation in TSC1, which can cause lymphangioleiomyomatosis (LAM) or tuberous sclerosis complexThese two diseases mainly affected the lung and have no corelation with NF1 mutation and neurofibromatosis type 1.

In the 92-95 paragraphs the authors should try to describe better maculae which are different from other cases in south east Asia, and try to find scientific backround in referencis what is the main cause of that with describe histopathological differences between maculae on asian ad caucasian patients.

We have listed all the details of the 22 cases in the known literature (including descriptions of macules) in Appendix Supplementary Table 1. Unfortunately, almost all previous studies only gave a diagnosis of histopathology, no detailed descriptions.

In 111, can the author describe how arachnoid cyst is in corelation with the JCS. Is there a conservative treatment method before surgery?

According to the literature we reviewed, arachnoid cysts are not related to JCS, and they should be two unrelated diseases for this patient.The treatment for JSC is different from patients. The conventional concept holds that the natural course of NOFs grows with the development of bones, and the osteolytic region gradually stops expanding, and self-healing through bone ossifying around the lesion and ossification within the lesion [5002]. Therefore, the treatment of JCS is more conservative, and most authors recommend that no surgery should be done in asymptomatic patients. As the differentiation of JSC is

sometimes difficult with other osteolytic lesions, two-stage operation is recommended by some authors.

In the 138 raw can you better describe why the pain is back half year after?

This is also a problem that bothers us. Although we have conducted many discussions, we have not been able to come to a conclusion. Pain is rarely seen in previous JCS. We think it may be an invasive type. However, due to the small number of cases and no evidence, more research is needed. We need more cases to prove this conclusion.

3 Language evaluation: The English-language grammatical presentation needs to be improved to a certain extent. There are many errors in grammar and format, throughout the entire manuscript. Before final acceptance, the authors must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: https://www.wjgnet.com/bpg/gerinfo/240.

We have already revised and polished the article.

4 Specific comments:

(1) Please list all author and institutional information in order.

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(2) Please provide the Figures cited in the original manuscript in the form of PPT. All text can be edited, including A,B, arrows, etc. With respect to the reference to the Figure, please verify if it is an original image created for the manuscript, if not, please provide the source of the picture and the proof that the Figure has been authorized by the previous publisher or copyright owner to allow it to be redistributed. All legends require a general title and explanation for each figure. Such as A: ; B: ; C: .

The PPT file has been uploaded.

(3) Please add the author's contribution section. The format of this section will be as follows: Author contributions: Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents/analytic tools; Wang CL, Liang L and Fu JF analyzed the data; Wang CL, Liang L and Fu JF wrote the paper.

Author contributions:

Jun J contributed to manuscript writing, editing, and data collection; Min L and Jun J prepared the figures and completed the surgery; Jun J was responsible for manuscript modification; all authors have read and approved the final manuscript.

(4) Please add the Core tip section. The number of words should be controlled between 50-100 words.

Jaffe-Campanacci syndrome(JCS) is exceedingly rare. In this case, a five-year-old girl with JCS presenting with not only NOFs, café-au-lait macules, but also showed features not mentioned before, severe limb pain, and at last resulted in amputation. This case is a big failure with tragic ending, and has revelatory educational value to all orthopaedic surgeons. Our aim is to share our failures in treatment and remind other doctors that not every JSC grows with bone development and can be self-healing. we highly recommend education of preventing pathological fractures and explaining the consequent serious consequences to the parents is matter of prime significance. At the same time, prophylactic treatment(restricted exercise, support, or surgery) is also considerable for JSC.

(5) Please provide 4-10 keywords. The last keyword should be “case report”.

Jaffe-Campanacci syndrome; multiple non-ossifying fibromas; café-au-lait macule; amputation

(6) Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. If there is no PMID or DOI, please provide the website address.

Already modified in the manuscript.

(7) The main text of case report contains Introduction, Case presentation [(1) Chief complaints; (2) History of present illness; (3) History of past illness; (4) Personal and family history; (5) Physical examination upon admission; (6) Laboratory examinations; and (7) Imaging examinations], Final diagnosis, Treatment, Outcome and follow up, Discussion and Conclusion.

(8) The structure of Abstract does not meet the requirements. The abstract includes five parts: "BACKGROUND", "CASE SUMMARY", and "CONFUSION".

(9) Please provide the primary version (PDF) of the Consent for Treatment that has been signed by the patient(s) in the study/ the first page of the patient(s)' medical record, prepared in the official language of the authors' country to the system.

The primary version (PDF) of the Consent for Treatment has been uploaded

(10) Please provide the filled conflict-of-interest disclosure form.

The conflict-of-interest disclosure form has been uploaded

(11) Please provide the CARE Checklist (2016).

The CARE Checklist (2016) has been uploaded.

Best wishes,

Jun Jiang, Min Liu