

**Line 1 : UNCOMMON CAUSE OF TORTICOLLIS IN A CHILD: ATLANTO-AXIAL LANGERHANS CELL HISTIOCYTOSIS→ ATLANTO-AXIAL LANGERHANS CELL HISTIOCYTOSIS IN A CHILD PRESENTED AS TORTICOLLIS**

**Line 7 :** in the literature; it is not → in the literature **but** it is not

**Line 11:** by autologus → by **autologous**

**Line 31 :** motion since 3 weeks. →motion **for** 3 weeks

Line 40 : Complement CT →**Complementary** CT

Line 57 : Repeat CT scans→**Repeated** CT

Line 58 : of c2 fracture→ of **C2** fracture

Line 65 : The present case present → **Our case present**

Line 66 : pain, restricted range of motion or torticollis is →pain, restricted range of motion or torticollis **are**

Line 74 : the most accessible lesion was→ the most accessible lesion **would be**

Line 94 : S.Garg report→ **Garg et al** report

Line 102 : L.Jiang [6] argue→ **Jiang et al** argue

Line 132 : *Otorhinolaryngol*.2014;78(11):1874–1876. → *Otorhinolaryngol* 2014;78(11)1874–1876.

Line 135 : *Spine Soc*. 2013;13(9):1108–1117. → *Spine Soc* 2013;13(9)1108–1117

Line 137 : *Bone Joint Surg. Am*. 2004;86(8):1740–1750 →*Bone Joint Surg. Am* 2004;86(8)1740–1750.

Line 139 : *Cancer*. 1999;85(10):2278–2290.→ *Cancer* 1999;85(10)2278–2290.

Line 142 : *J. Emerg. Med*.2008;35(4)389–392. → *J. Emerg. Med* 2008;35(4)389–392.

Line 144 : *Spine*.2010;35(1)8–15. → *Spin* 2010;35(1)8–15.

Line 146 : *Spine*. 2012;37(10)633–637. → *Spine* 2012;37(10)633–637.

Line 148 : *India*. 2015;71(2)197–200. → *India* 2015;71(2)197–200.

Line 152 : *Spine J*.5(1): 59–62, 2015. → *Spine J* 2015;5(1)59–62.

Line 154 : *Hematol. Clin*. 2015;29(5)853–873. → *Hematol. Clin* 2015;29(5)853–873.

Figure 2 : higher magnification is added in A

Figure 3 : label A is added. White arrow head and star are indicated on the figure.

Figure 4 : Schematic illustration showing normal (control) atlantoaxial joint with the same sagittal angle is presented as C. Label A is added.