

Revision Notes

Dear Editor,

Thank you for your letter and for the reviewer's comments concerning our manuscript entitled " **Chondromyxoid Fibroma of the Temporal Bone:** case report and review of literature " (NO: 40607).

We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are described below.

Thanks again for your time and letter.

Yours sincerely,

Dr. xxx

Dear reviewers,

We would like to express our sincere appreciation for your careful reading and helpful comments. Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. Revised portions are marked in red in the paper. We have addressed the points noted below.

Responses to Reviewer #1:

[Comment 1]

Therefore, the authors should describe the detail of their rationale and strategy of pathological diagnosis for CMF.

[Answer] We have added some description about the detail of pathological diagnosis for CMF. (Line 160-164; Line 170-175)

[Comment 2] More pathological figures supporting the diagnosis of CMF, not only high-power view but also low-power view, should be presented.

[Answer] We are so sorry that we cannot support the pathology figures about low-power view of this case, because all the pathology images of this case are downloaded in our pathological database and our pathology department failed to save the low-power view figures before.

[Comment 3] I consider that Fig.3 is not "biopsy specimen" but "resected specimen".

[Answer] We have changed the "biopsy specimen" to "resected specimen". (Line 306)

[Comment 4] In abstract, duplication of “major” is found.

[Answer] We have deleted the duplication of “major” in abstract. (Line 41).

Responses to Reviewer #2:

[Comment 1] Operative part is very important but neglected. Operative procedures with findings as well as some operative photographs should be included.

[Answer] We have added some information about operative procedures. (Line 91-99). We are so sorry that the paper is a retrospective study and we did not take photos during the operation.

[Comment 2] Post operative CT scan and contrast MRI should be included.

[Answer] Post operative contrast MRI has been added as Figure 4. The patient did not undergo post operative CT scan. Therefore, the post operative CT scan was not included.

[Comment 3] A table comparing Chondromyxoid fibroma, Chondrosarcoma and chodoma in jugular foramen region should be included.

[Answer] A table comparing chondromyxoid fibroma, chondrosarcoma and chodoma has been added as Table 2.

Responses to Reviewer #3:

[Comment 1] How the patient was treated post operatively?

[Answer] No other treatment was performed after the surgery. (Line 109)

[Comment 2] Did the cranial palsies improved after surgery?

[Answer] After the surgery, the patient reported improvement in dysphagia and dysarthria but still had some decreased sensation on the left side of the face. (Line 107-109)

[Comment 3] What was the last follow up and clinical status of patient?

[Answer] The patient was neurologically normal except for mild left facial palsy on 5 months follow-up examination after surgery (Line 110-112)

[Comment 4] Are there any specific IHC markers to give a definite diagnosis in CMF?

[Answer] So far, there is no specific IHC markers to give a definite diagnosis in CMF. Both chondrosarcoma and CMF express positive staining for S-100 protein and vimentin. However, CMF has typical pathological features which are lacking in chondrosarcoma. In order to decrease the risk of diagnostic error, an accurate diagnosis must be established on the basis of careful correlation of clinical, radiographic, pathological and immunohistochemical findings.(Line 170 to 175)

In all, we found your comments are quite helpful. Thanks again for your time and letter.

Yours sincerely,

Dr. xxx