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Dear Editor,

We appreciate the helpful comments and suggestions regarding our manuscript entitled "*Glomus tumor of uncertain malignant potential of the brachial plexus: a case report and review of the literature*" (Manuscript ID: 47638). We have addressed some topics to be clarified. Specific responses to the comments are listed below:

Reviewer #1 (Reviewer ID: 03469734): It was a very valuable case. I thank the authors for their interest in this issue to the forefront. I have some topics that needed to be addressed:

1. Was there any neurological damage to the shoulder circumference, arm or forearm?

Response: Because the tumor encased mostly the posterior cord of the patient's brachial plexus, there were some neurological damages to the motor and sensory areas of axillary and radial nerve distributions. After tumor resection, left shoulder range of motion was 70° forward flexion, 70° abduction, 15° internal rotation, and 15° external rotation. Motor power 1+ around shoulder, 1+ elbow extension but 3+ elbow flexion. Left wrist and finger flexion were grade 2+ with no active extension. The sensory decreased to grade 1 from triceps area down to dorsum of fingers.

2. Was there a difference in DTR (deep tendon reflexes) compared to the other arm?

Response: DTR of the whole affected arm (biceps, triceps, and brachioradialis) are 1+ post-operatively, compared with 2+ on the right extremity.

3. Did the radial nerve have a sensory defect in the skin area?

Response: The patient had a symptom of high radial nerve palsy. The sensory decreased to grade 1 from triceps area down to dorsum of fingers.

4. Before the operation, was the patient undergoing an EMG study?

Response: Due to pre-operative normal physical examination, no EMG study was performed.

All the responses to the reviewer's specific questions are labeled as **blue highlight** in the manuscript.

According to the editor's comments, our responses are listed below:

1. For manuscripts submitted by non-native speakers of English, please provided language certificate by professional English language editing companies mentioned in 'The Revision Policies of BPG for Article'.

Response: Prof. Scott D Nelson is one of the authors who help writing and re-reading this manuscript. We have already attached his letter as language certificate according to your examples.

2. Please provide the decomposable figure of Figures, whose parts are movable and editable. So you can put the original pictures in PPT and submit it in the system.

Response: We have separated the picture into different powerpoint files and uploaded separately.

3. Your manuscript should be prepared with Word-processing Software, using 12 pt Book Antiqua font and 1.5 line spacing with ample margins.

Response: We have changed the font and size of the manuscript according to your regulation.

4. Please revise your manuscript according to the "guideline" and "format"

Response: We have re-formatted the entire manuscript according to the publisher's guideline for case report.

5. Acknowledgement

Response: I, the first author, sincerely admit that it was my misunderstanding about this part. There was no grant or support for this study. Hence, we decide to delete this part from the manuscript.

6. Reference

Response: We have changed the reference style according to the publisher's regulation, along with PMID and DOI citation to every citation on the list. However, there is no PMID or DOI citation for the first citation because it is a standard textbook for pathologists. We have thoroughly checked the list of references and there is no duplication of any citation.

About coding system, we have changed every coding to superscription fashion according to the publisher's regulation.

All the responses to the editor's specific questions are labeled as **yellow highlight** in the manuscript.

We hope these responses will make our manuscript more acceptable for publication in *World Journal of Clinical Cases*.

Respectfully submitted,

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