



## OTOLARYNGOLOGY/HEAD & NECK SURGERY

at The GW Medical Faculty Associates

phone: (202) 741-3250

2300 M Street, NW, 4th Floor, Washington, DC 20037 • fax: (202) 741-3382

1860 Town Center Drive, Suite 420, Reston, VA 20190 • fax: (571) 313-0593

9715 Medical Center Drive, Suite 230, Rockville, MD 20850 • fax: (240) 428-6491

## AUDIOLOGY

2300 M Street, NW, 4th Floor, Washington, DC 20037 • phone: (202) 741-3275 • fax: (202) 741-3277

**Steven A. Bielamowicz, MD, FACS**

*Professor and Chief*

*Laryngology*

**Joseph F. Goodman, MD**

*Assistant Professor*

*Head & Neck Surgery*

*Microvascular Reconstruction*

**Arjun S. Joshi, MD, FACS, FRCSC**

*Professor*

*Head & Neck Surgery*

*Microvascular Surgery*

**Ashkan Monfared, MD**

*Associate Professor*

*Otology, Neurotology*

*& Skull-Base Surgery*

**Ameet Singh, MD**

*Professor*

*Rhinology & Skull-Base Surgery*

**Punam Thakkar, MD**

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**Sheila V. Stager, PhD, CCC-SLP**

*Voice Scientist*

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**Kelsey Ambrose, AuD, CCC-A**

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*Clinical Audiology*

The GW Medical Faculty Associates

Division of Otolaryngology, Head & Neck Surgery

2021 K Street, NW Suite 206

Washington DC 20006

August 26, 2019

Ya-Juan Ma

Science Editor

World Journal of Otorhinolaryngology

Baishideng Publishing Group Inc.

7041 Koll Center Parkway, Suite 160

Pleasanton, CA 94566

Dear Dr. Ya-Juan Ma,

Thank you for carefully reviewing our manuscript. We would also like to thank the reviewers for their helpful comments and edits. We have addressed the comments and suggestions made by these reviewers and responded accordingly.

Attached you will find a detailed response to reviewer's concerns. We hope this response is satisfactory and that our manuscript meets the standards established for your esteemed journal.

With best regards,

Collin Mulcahy, MD

Resident Physician

Division of Otolaryngology – Head and Neck Surgery

The George Washington University

Tel: (202) 741-3417

Fax: (202) 741-3382

[cfmulcahy@gwu.edu](mailto:cfmulcahy@gwu.edu)



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Reviewer 00503793: Nicely written manuscript that highlights a rare finding of the TMJ. The case case history should be shortened to pertinent findings/history.

Response: Personal and family history removed. History of present illness and physical exam combined.

Reviewer 0053711: Case presentation is given as how it would be recorded in detail in case notes. Shorten to only salient features. What is the clinical size of the lesion? What was the preoperative differential diagnosis? What is intraoperative pathology analysis? Was it frozen section? Clarify. Operative details not clear. Clarify how much of condyle was resected, was excision piece-meal or en-bloc, method of rib cartilage reconstruction? Was only the glenoid fossa reconstructed or was the excised condyle also reconstructed? What was the purpose of the pedicled temporoparietal flap? Discussion: Change to "MRI may be necessary for diagnosis of early disease in which the nodules have "not" ossified or calcified." Based on the literature review, what factors increase the risk of recurrence? Discuss other reconstructive options.

Response:

- Personal and family history removed. History of present illness and physical exam combined.
- Mass measurements provided in "Imaging examinations"
- More detail of surgical procedure and reconstruction provided under "Treatment."
  - Clarified "piecemeal excision"
  - Clarified bony resection
  - Clarified glenoid fossa reconstruction using temporoparietal flap for vascularity
  - Clarified that specimen sent for frozen section pathology

Reviewer 00503695: Dear Ladies and Gentlemen, the manuscript 'Synovial osteochondromatosis of the temporomandibular joint: a case report' describes a case of synovial Osteochondromatosis in the usual location of the right temporomandibular joint in a 48-year-old man. It is well written. The figures are sufficient. Please check the references for accuracy according to the journal style guidelines. Sincerely,

Response: References have been revised to AMA style. Formatting of in-text citations has been corrected. All authors are listed in citations. DOI and PMID have been provided when available.