

Dear Editor,

We would like to thank you for giving us the opportunity to submit our point-by-point response to the reviewer (Manuscript NO.: 58959, Case Report). We found the reviewer's comments fair and constructive, and believe that they are addressable such that a resubmission would be appropriate. Please see all of their specific comments in **black font** and our responses in **red font**.

**The reporting of these additional two cases will bring the number of cases in the published literature up to 18 following another case being published earlier this year <https://journals.sagepub.com/doi/full/10.1177/2058739220926854> Hence you will need to make the necessary adjustments to the manuscript to incorporate this additional information**  
**We thank the reviewer for this comment, and we are very sorry for our negligence. The additional two cases have been included in our manuscript.**

Meanwhile, we have made the necessary adjustments to the data and statistics in the manuscript.

In addition the authors of the most recent case report also explore the embryological hypothesis that you have proposed (speculated on) in the discussion section of their manuscript, so you will need to adjust the discussion section of the manuscript to reflect this along with the conclusions.

**We thank the reviewer for this comment. Yang et al argued that the periosteum of the frontal bones and cells from the nasal septum, which contribute to the falx cerebri and the adjacent dura, are derived from the embryological neural crest cells. However, pathological examination revealed that, although the subdural osteoma was attached to the inner surface of dura, the underlying dura was uninvolved with the tumor cells. We have included description the views and corresponding evidence in the revised Discussion section.**

The information in the Background section of the abstract does not align with your conclusions and hence needs to be rewritten

**We thank the reviewer for this comment. The Background section has been revised to align with our conclusions.**

Some of the Figures are indistinct and hence are best discarded for eg B and C in Figure 2. The images of the histopathology need to be of better quality

**We thank the reviewer for this comment. Figures are reformatted, and high-resolution histopathology images are included as suggested.**

What is missing from the other recent case reports of this particular entity is any mention of future directions with respect to further research. This may well be an under reported entity due to its rarity but what is clear is that it is mainly reported from Asia. This raises the issue as to what are the other drivers for this particular tumor? genetic? environment? other. One way of addressing this is for neurosurgical societies to collaborate and establish registries for collating data on patients with rare tumors. It would be useful to incorporate this into the

**discussion section of your manuscript in order to differentiate your report from the one published earlier this year.**

**We thank the reviewer for this excellent comment, which has pointed out the direction for future research on intradural osteoma. This recommendation has been incorporated into the Discussion section of our manuscript in order to differentiate the report from the one published earlier this year. We believe that the study of signaling pathways in and osteogenic potential of neural crest cells may be a productive direction for the future research.**

We hope our responses to comments make this manuscript suitable for resubmission to World Journal of Clinical Cases. Once again, we thank the editor and reviewer for your comments and suggestions.

Sincerely,

Li Li

2020.1.1