

Dennis A Bloomfield
Editor-in-Chief
World Journal of Clinical Cases

Dear Editor:

We appreciate the time and effort you and each of the reviewers have dedicated to providing insightful feedback for improving our paper. It is with great pleasure that we resubmit our article for further consideration. We have incorporated changes that reflect the detailed suggestions you have graciously provided. We hope that our edits and the responses provided below satisfactorily address all the issues and concerns noted by you and the reviewers. We look forward to the publication of our manuscript in the *World Journal of Clinical Cases*.

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We look forward to hearing from you at your earliest convenience.

Yours sincerely,

Ukei Anazawa

Response to the Reviewer's Comments

Reviewer #2:

1. What is the difference between the treatment of intracortical chondroma and osteoid osteoma? Please make a supplement.

Response: Both intracortical chondroma and osteoid osteoma are generally treated by complete resection with curettage and have been reported to be cured by CT-guided biopsy followed by radiofrequency ablation [Ramnath RR et al and Mizuno S et al], while osteoid osteoma could be cured conservatively by administration of NSAIDs [Goto T et al].

We have revised the manuscript as follows:

Page 9-10 Lines 154-159 : Osteoid osteoma is characterized by the efficacy of NSAIDs for pain relief and conservative treatment could be chosen^[9]; therefore, this factor may be helpful for clinically distinguishing intracortical chondroma from osteoid osteoma. However, not all patients improve, and pain relief is achieved in 70% of osteoid osteoma patients^[10] and both intracortical chondroma and osteoid osteoma are generally treated by complete resection with curettage.

• Ramnath RR, Rosenthal DI, Cates J, Gebhardt M, Quinn RH. Intracortical chondroma simulating osteoid osteoma treated by radiofrequency. *Skeletal Radiol* 2002; 31(10): 597-602 [PMID: 12324830 DOI: 10.1007/s00256-002-0501-4]

• Mizuno S, Anazawa U, Hotta H, Asano N, Susa M, Miyauchi J, Shiraishi T. A Rare Case of an Osteoid Osteoma of the Rib Treated under Computed Tomography Guidance: A Case Report and Review of the Literature. *Case Rep Oncol* 2015; 8(3): 509-514 [PMID: 26668573 PMCID: PMC4677704 DOI: 10.1159/000441835]

• Goto T, Shinoda Y, Okuma T, Ogura K, Tsuda Y, Yamakawa K, Hozumi T. Administration of nonsteroidal anti-inflammatory drugs accelerates spontaneous healing of osteoid osteoma. *Arch Orthop Trauma Surg* 2011; 131(5): 619-625 [PMID: 20737157 DOI: 10.1007/s00402-010-1179-z]

2. What is the guiding significance of the imaging diagnosis of this tumor for clinical treatment? Please make a supplement.

Response: In the case of osteoid osteoma, there is the option of conservative treatment with painkillers without resection.

3. The article can use tables and other forms to present the clinical differential diagnosis of intracortical enchondroma and osteoid osteoma in more detail, which not only makes the article's coherent conclusions clearer, but also further improves the clinical significance of the article. If just making a text narrative like this article, the conclusion may not be sufficiently prominent.

Response: The table below summarizes the characteristics of intracortical chondroma and osteoid osteoma. This table has been added to the manuscript.

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Table 2. Clinical and imaging findings of intracortical chondroma and osteoid osteoma

| | Symptoms of Pain | Analgesic effect of NSAIDs | Radiology findings | | | Contrast-enhanced Magnetic resonance imaging |
|-------------------------|------------------|----------------------------|------------------------------------|---------------------|---------------|---|
| | | | lucency with surrounding sclerosis | Cortical thickening | Calcification | |
| intracortical chondroma | + | - ~ + | + | - ~ + | - ~ + | Only the tumor margin is enhanced |
| Osteoid osteoma | + | + | + | + | + | Signal intensity of both the tumor and the surrounding area |

4. There are many language errors in the article. Wrong spelling of the "painfull" in the part of abstract, the absence of "the" front of "possibility" and the wrong form of "revealed" in the first paragraph of the discussion section is representative, so the language of the article needs to be further modified.

Response:

We apologize for the many language errors. We have checked the text again and corrected these errors.

5. The format of references should be united.

Response:

We have revised the format of references according to the guidelines as follows:

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