

Dear Editor-in Chief,

Thank you for your decision letter about our manuscript. I am resubmitting the revised manuscript entitled “**Giant nodular fasciitis originating from the humeral periosteum: case report and review of the literature**” for publication in *World Journal Clinical Cases*. The manuscript was revised according to “reviewer’s comments”. The detailed responses of the comments are in below.

I hope the revised manuscript will better meet the requirements of *World Journal Clinical Cases* for publication. I deeply appreciate for the constructive review by the referees.

Sincerely yours,

Hong-wen Gao M.D., Ph. D.

Reviewer Comments:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Thank you for the invitation to review this manuscript. - Please shorten the Abstract's sentences. - The case presentation would be better as a single standard paragraph. - Please reformulate this sentence in the last paragraph: "NF should be considered in a rapidly growing nodule with a relatively clear border in the upper limb, despite an atypical site and large tumor volume, because a relatively conservative diagnosis, especially during the surgery, could reduce overtreatment". - Please describe if there is any clinical or radiologic follow-up performed or planned for this patient.

Response: Thank you for your comment. We have shortened the abstract and reformulated "NF is a tumor with rapid growth and relatively clear boundary, but it is sometimes difficult to distinguish from low grade sarcoma under the microscope. When the tumor location is atypical and volume is large, the possibility of the disease should also be considered, especially during the operation, which can avoid excessive treatment".

We performed clinical follow-up for this patient, and there was no recurrence on follow-up for 20 months.

Science editor:

This is a rather (I agree with authors) an interesting case. However, presentation deserves further review. A mass incidentally found?. What was the patient's main complain?. He was studied because of what? Authors, please reorder you report in priorities. Your finding is interesting for other to know; but please do order your case as though you were presenting it on an M & M session with medical students. That is highlight your role as physicians with a perfectly performed medical history and physical exam. From the abstract through the case presentation by itself.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

Response: Thank you for your comment. We reinquired about the patient's detailed medical history and added the contents in the main text as follows:

"The patient had no obvious cause of intermittent right axillary pain for 1 month. And found a lump under his axilla. The MRI images showed a lesion measuring 62 ×58 ×44 mm³, with relatively well-demarcated margins, the lesion encircled the humerus, with localized thinning of the humeral cortex, and was closely related to the radial artery. The clinician recommends surgical treatment."

Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

Response: Thank you for your comment. We have provided the original figure documents using PowerPoint.