Round-1

Reviewer #1:

Specific Comments to Authors:

1.Numerous typos in the text and figure legend.

Re: I have read through the full text and corrected all Numerous typos.

2.In Figure 4, the staining method and magnification scale are need to described. Also, the arrow and asterisk were not fixed, so I could not read.

Re: I have described the staining method and magnification scale in detail in the annotation, and the corresponding icon in the figure has been fixed accordingly.

3.Can you present a picture of the face before surgery or an image after surgery?

Re: After communicating with patients, patients are unwilling to provide preoperative picture of the face, so that i can not get it. The postoperative imaging of patients have been added in this paper.

4.It would be nice if the text contained changes in dental occlusion in these patients.

Re: For the patients with dental occlusion, the relevant information in the article was supplemented.

Science editor:

Issues raised: (1) The authors did not provide original pictures. 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.

Re: 61620-Figures.ppt has been uploaded

Round-2

Reviewer #1:

minor revision 1. where are figure legends in manuscript? I couldn't find any figure legend in word file.

Re: Figure legends in the page 11-15.

Figure 1 Computed tomography images of Patient 1. The images showed an irregular calcified mass in the right TMJ with a clear boundary. The mass destroyed the skull base and extended to the middle cranial fossa (A and B, arrow).

Figure 2 Magnetic resonance imaging images of Patient 1. Axial T1-weighted image (A) and T2-weighted image (B) presented a mass with hypointense. The lesion was markedly enhanced after enhancement (C, D) and in contact with the dura mater on the inferior surface (C, arrow).

Figure 3 Computed tomography images of Patient 2. A calcified mass in the left TMJ was presented via a computed tomography. The mass infiltrated the middle cranial fossa by destroying the skull base (B, C arrow) and was adjacent to the left internal carotid artery (D).

Figure 4 Histopathology of Patient 1 (A, B) and Patient 2 (C, D). A: There are crystal deposits (arrowheads) in the fibrous tissue. The crystal deposits are surrounded by foreign body type giant cells and fibroblasts (hematoxylin-eosin staining, ×100); B: Crystalline material (arrow) deposits exhibiting birefringence under polarized light (hematoxylin-eosin staining, ×100); C: Nodular clusters of calcium pyrophosphate dihydrate crystals (arrowheads) could be seen (hematoxylin-eosin staining, ×200); D: Crystals of different shapes with strong stereoscopic effect (hematoxylin-eosin staining, ×400).

Figure 5 Computed tomography images of Patient 1 (A,B) and Patient 2 (C,D). A-B: One week after, CT scan showed that the mass in the right TMJ was completely removed; C-D: No recurrence of the mass was observed one year after the operation.

2. How can I check that you corrected typos? Please highlighit the corrected word or sentences.

Re: We revised the manuscript in MS Word format with Track Changes enabled.

3. So, in figure 4, I couldn't see any staining method and magnification scale even inside figure.

Re: Staining method and magnification scale have been added. Figure 4 Histopathology of Patient 1 (A, B) and Patient 2 (C, D). A: There are crystal deposits (arrowheads) in the fibrous tissue. The crystal deposits are surrounded by foreign body type giant cells and fibroblasts (hematoxylin-eosin staining, ×100); B: Crystalline material (arrow) deposits exhibiting birefringence under polarized light (hematoxylin-eosin staining, ×100); C: Nodular clusters of calcium pyrophosphate dihydrate crystals (arrowheads) could be seen (hematoxylin-eosin staining, ×200); D: Crystals of different shapes with strong stereoscopic effect (hematoxylin-eosin staining, ×400).