Dear Reviewer,

Thank you for the comments concerning our manuscript entitled “Prenatal diagnosis of triphalangeal thumb-polysyndactyly syndrome: ultrasonography combined with genetic testing, a case report” (NO: 64601). These comments were all valuable and very helpful for revising and improving our paper and providing important guiding significance to our research. We have studied the comments carefully and have made corrections that we hope will be met with approval. Revised portions are marked in yellow in the paper. Arabic numerals with half brackets before the revision indicate a point-by-point response to each of the issues raised in the peer review report. The main corrections in the paper and the responses to the reviewer’s comments are as follows:

1) Comment: What is PPD-II? Readers of this journal are not necessarily specialists of this disease. This terminology should be spelled out.

Response: PPD-II means preaxial polydactyly Type II.

2) Comment: Did author perform the genetic tests for the parents or other relatives of the patients?

Response: Regrettably, none of the parents or other relatives underwent genetic tests, mainly because they had normal phenotypes.

3) Comment: Was the amount of the mutation in LMBR gene the same among the patient, fetus, and son?

Response: The duplication size of all three samples was 253 kb.

4) Comment: Since polydactyly present a wide variety of phenotype and is also associated with many other underlying defects, this combination method of ultrasound and genetic test seems generalizable for other abnormalities than TPT-PS. Did author find any article reviewing the effectiveness of genetic test with prenatal ultrasound on other congenital diseases? If not, what do authors think of the potential of this method in prenatal diagnosis? This perspective may broaden the clinical impact and usefulness of this manuscript.

Response: Reviewing the literatures, we found that several cases or case series underwent genetic testing after abnormal ultrasound findings. One case report regarding Apert syndrome described a similar diagnostic method that combined prenatal ultrasound with MRI and whole exome sequencing. As a screening tool, ultrasound mainly provides diagnostic information related to the phenotype of genetic syndromes. Genetic testing is used for genotypic confirmation of ultrasound findings. This may become a trend in precision medicine.

We would like to thank the reviewer again for taking the time to review our manuscript.