

## Comments for author

The authors report less common type of gout (in terms of uric acid accumulation area) which gives an alarming point for clinicians, especially for those patients with normal SUA level. I have got an interesting case report; however, the following points should be addressed before publication.

1. The authors state that ‘Further, several patients have normal SUA levels at gout onset and some gout patients have gouty tophus with no acute gout attack or gouty tophus before the attack, potentially leading to clinical misdiagnosis and mistreatment’. You should cite a reference?

[References have been added.](#)

2. Chief complaint should be clear and precise? (Main problem of the patient with duration). Aggravation, aggravating factors.....should be clearly stated under history of present illness.

[I agree with the reviewers, so I simplified the main complaint.](#)

3. History of present illness should be more elaborative?

[88-91 lines.](#)

4. History of chronic illnesses like Diabetes mellitus, hypertension, CF and metabolic disorders should be clearly stated under History of past illness since these conditions may alter the normal metabolic homeostasis.

[96-98 lines.](#)

5. Under final diagnosis section, it is better to state the histopathological characterization of the finding.

[128-129 lines.](#)

6. Period of follow-up and for how long should be clearly addressed under outcome and follow-up section

[151 line](#)

7. I will be happy if the author (s) discussed the possible justifications why a multiple gouty tophi in the head and neck with normal serum uric acid have been developed in this patient. [232-239 lines.](#)