

Answering Reviewers

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: It is a well present and well written case report. I had some experience with progressive ossificant myositis, and wonder if genetic testing should be performed.

Author Response The case is nontraumatic myositis ossifican, different from progressive ossifying myositis. There was insufficient evidence of gene mutation in the disease based on current studies, so no genetic testing was performed, and the child's parents agreed.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Good presentation for the case report. The references need to be updated and some references included the month of the issue and others not, some included the doi and others not, please unify.

Author Response Agree to modify

Reviewer #3:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: I thank the authors for allowing me to review the article. It was about a non traumatic myositis ossificans in an eight year old girl. The authors described the difficulty in diagnosis mainly due to its rarity and the difficulty in getting a proper history due to very young age.

They have written the article in a nice way. The differential diagnosis and confirmation were detailed. After going through the article I have a few observations. It is better to mention the uniqueness of your case in the introduction. In the abstract the ultrasound scan was suggestive of synovitis of the hip. But in the case presentation it is mentioned as arthritis of the hip. Please verify and correct it. In the radiographs you described a calcified mass, but why did you consider the possibility of myositis ossificans from the X-ray. Since the child was treated with antibiotics and there were raised inflammatory markers, is there a possibility of a calcified antibioma in your case. It is an interesting report. Regards

Author Response 1 The case presentation it is mentioned as arthritis of the hip, has been changed to "synovitis of hip".

2 Typical local clinical manifestations of soft tissue infection in children are redness, swelling, heat and pain. Generally, systemic toxic symptoms, such as fever, are more obvious and persistent. If the infection persists and is surrounded by necrotic tissue, calcification may form at a later stage, which is dystrophic calcification and generally occurs less frequently. On X-ray, the calcification was located at the margin of the lesion and flocculent, and the calcifications did not change significantly over time, which is different from nontraumatic myositis ossificans. But, sometimes it is difficult to differentiate. An infection was also suspected early in the presentation of this case, so antibiotic therapy was initiated.