Thank you for granting provisional acceptance for our manuscript and allowing us to make the requested revisions.

We are very grateful to the editorial team for their assistance. Their helpful comments have enabled us to improve the quality of our report.

Thank you for your consideration. I look forward to hearing from you.

The specific responses to each reviewer's comments as follow.

Response to reviewer's comments:

Reviewer reports:

Reviewer #1:

1) Key words: it is better to arrange the keywords alphabetically.

Response: Thank you for the helpful comment. According to your suggestion, we have changed the order of keywords alphabetically.

2) Case report: Chief complaint in not coherent with the history of present illness. If we consider the chief complain as it is then HOPI seems like the description of past history except for the last few lines.

Response: Thank you for pointing this out. We agree with your suggestion. The description of chief complaints was revised as follows.

"A 36-year-old man with no significant past medical history was admitted to our institution with continuous pain in his left knee for 4 months." (Page 4)

3) It is always better to mention what laboratory investigations were done.

Response: Thank you for helpful comment. According to your suggestion, the description of laboratory examinations was revised as follows.

"Laboratory tests revealed: erythrocytes 5.05 × 10^{12}/L (reference range, 4.35× 10^{12} – 5.55× 10^{12}/L), hemoglobin 126 g/L (reference range, 137 – 168 g/L), leukocytes 5.27 ×

10^9/L (reference range, 3.3× 10^9 – 8.6× 10^9/L), eosinophils 3.2 %, basophils 0.9 %, neutrophils 54.6 %, lymphocytes 36.6 %, monocytes 4.7 %, C-reactive protein 0.7 mg/L (reference range, 0 – 1.4 mg/L), total protein 69.3 g/L (reference range, 66.0 – 81.0 g/L), aspartate aminotransferase 28.8 U/L (reference range, 13.0 – 30.0 U/L), alanine aminotransferase 42.2 U/L (reference range, 10.0 – 42.0 U/L), blood urea nitrogen 23 mg/dL (reference range, 8 – 20 mg/dL), creatinine 1.12 mg/dL (reference range, 0.65 – 1.07 mg/dL), creatine phosphokinase 299 U/L (reference range, 59 – 248 U/L).” (Page 5 - 6)

4) Is there any association of suture material producing companies with studies? If yes, please clarify. If not it is better not mention the brand name of sutures used (last paragraph of treatment section)

Response: Thank you for your suggestion. According to your suggestion, both the brand names of sutures and the names of suture material-producing companies were removed from the text. We have revised the sentences as follows.

“After the vastus medialis obliquus and scar tissues were separated from the patellar, they were advanced over the tendon of the quadriceps muscle and sutured, using the baseball suture technique with polyblend polyethylene suture. Polybutylate-coated braided polyester suture material was also used to reinforce the sutures.” (Page 7)

Moreover, both the brand names of endoprosthesis and the names of implant companies were removed from both the text and the table. We have revised the sentences as follows.

“We used a rotating hinge endoprosthesis, as recommended by Akiyama *et al*[12]. ” (Page 9)

5) Few references are dated back more than 15 years so try to keep the latest one wherever possible.

Response: Thank you for your suggestion. According to your comments, we have removed some of the original references 3, 18, 19, 20, 22, 23 and 31 because they are unnecessary, while some were exchanged with different references. Nevertheless, references 4, 5 and 12 are essential for this paper. References 4, 5 listed in Table 1 show a series of extra-articular knee resections. On the other hand, reference 12 contains a case of patellar dislocation.

We have removed original reference 3 written by Sharma *et al* and moved reference 6 written by Kinkel S *el al*. to new reference 3. Moreover, we have changed the sentence as follows:

"In 2010, Kinkel *et al*[3] reported that the five-year implant survival rate was 57%, and the local recurrence rate of primary malignant tumors around the knee was 3%." (Page 3)

We have also changed original reference 18 written by Dejour H *et al* for the latest similar report written by Dejour DH *el al*. Moreover, though we referred to original reference 22 witten by Merkow RL *et al* to explain the term proximal realignment, we have chosen reference 32 written by Matar HE *et al* as another new reference.

EDITORIAL OFFICE'S COMMENTS:

(1) Science editor:

The case report described that patellar dislocation following distal femoral replacement after extra-articular knee resection for bone sarcoma. It has guiding significance for this kind of disease. The design and methods were suitable for the topic. However, some references are very old, some new ones should be added.

Language Quality: Grade B (Minor language polishing)
Scientific Quality: Grade B (Very good)

Response: Thank you for your suggestion. Reviewer #1 made a similar comment. Please see point 5 above, which details our extensive responses.

To Editor

According to guidelines for preparation of bitmaps, vector graphics, and tables in revised manuscripts, we have adjusted the size and the positon of figures.

It's not related to the purpose of the paper, but I'd like to change the data in a cell for Kinkel *et al* in Table 1. Overall survival from Kinkel *et al* was 100% we have presumed and written but we thought it would be more appropriate to write NA.

In addition, it's also not related to the purpose of the paper,we mistook the number of the femoral posterior condylar axis as 20° in figure 6 and CTTT as 6.88 mm in figure 8. We have corrected the such numbers 21° and 6.98 mm respectively. Therefore, the preoperative angle between the femoral posterior condylar axis and femoral neck axis recalculated as 20°. We have rewritten the numbers associated with them as follow.
"The angle was 20°, which was equal to that of the native alignment (20°) (Figure 7)." (Page 7)
"The two-dimensional axial CT of the center of the tibial tray to the tip of the tibial tubercle (CTTT) was 6.98 mm." (Page 9)
"(c) The perpendicular distance from the TCA to the tip of the tibial tuberosity (TT) is 6.98 mm. "(Page 22)

We had more than 3 references from the same journal *J Arthroplasty*. Therefore, we have removed the original reference 28 and exchanged the original reference 27 with different reference as follows.

"23 **Putman S**, Boureau F, Girard J, Migaud H, Pasquier G. Patellar complications after total knee arthroplasty. *Orthop Traumatol Surg Res* 2019; **105**: S43-S51 [PMID: 29990602 DOI: 10.1016/j.otsr.2018.04.028]" (Page 14)