

Answering Reviewers

Dear Editors and Reviewers,

Thank you for your letter dated December 10. We were pleased to know that our work was rated as potentially acceptable for publication in Journal, subject to adequate revision. We thank the reviewers for the time and effort that they have put into reviewing the previous version of the manuscript. Please find my itemized responses in below and my revisions/corrections in the re-submitted files.

Thanks again!

COMMENTS TO THE AUTHOR:

Reviewer 1: We have adjusted the order of the numbers as you suggested and re-uploaded the high-resolution images with arrows pointing out the findings in the image.

Reviewer 2: #1 The patient's chest pain was dull and had not dissipated. The pain increased on rising and lying in bed. No awakening or sweating occurred at night. The patient was obese and had thick body fat in the chest. Therefore, the physician presented negative pressure pain on palpation of the corresponding area. In addition, the lack of local pressure pain may also be related to the destruction of the tumor to the thoracic side, while the bone cortex and periosteum on the side facing the body surface were not involved.

#2 The patient's coronary angiography results were described in the "Imaging examination": Intima of the coronary arteries was not smooth, and the proximal segment of the left anterior descending branch (LAD) was narrowed by 40%, the middle segment of the LAD by 50%, the middle segment of the right coronary artery (RCA) by 40%–50%, and the distal segment of the RCA by 30%–40%. Compared with 3 years ago, the degree of stenosis had not changed significantly. In addition, nitroglycerin has a relaxing effect on bronchial smooth muscle. The relief of chest tightness in the patient may be related to this. It is the relief of the patient's symptoms after the application of nitroglycerin that misled the initial judgment of the cardiologist.

#3 Only one decimal place of the means, standard deviations, and other values have been retained as suggested by the reviewer.

Reviewer 3: #1 In this case, neither the initial chest radiograph nor the lung CT report mentioned rib changes, and the cardiologist did not read the images carefully. After coronary angiography, the cardiology department invited the cardiothoracic surgery consultation, and after careful reading of the CT, left rib lesions were found. In the revised manuscript, we added a frontal and lateral radiograph of the chest. Because the tumor location was covered by the heart and diaphragm, it could not be observed

in the chest X-ray. Undoubtedly, it is highly likely to be misdiagnosed as angina pectoris for early stage of left-sided rib tumor. On this point, we fully agree with the commentators.

#2 Patients were unaware of the fact that they had a malignant tumor. The patient's family unanimously disagreed with the patient's radiotherapy and chemotherapy. Therefore, oral chemotherapy drugs were chosen. This fact was also added to the current revision.

#3 Left rib tumors are rare and cause pain similar in nature and location to that of angina pectoris; Such patients are usually first seen by cardiologists. Therefore, there is a great chance of misdiagnosis. On the other hand, the preoperative evaluation of elderly patients under general anesthesia also needs to evaluate the cardiac function. Therefore, this article is only a "recommendation" for the differential diagnosis of heart disease, not an "exclusion" Patients with co-morbid cardiac disease may also be affected by postoperative chemotherapy and radiotherapy, rather than focusing only on the surgical and general anesthesia phases.

Reviewer 4: Taking into account the reviewers' suggestions, we made corresponding changes to the conclusion part. Deleted "Preoperative differential diagnosis of cardiovascular disease is recommended." And revised to "Attention should be paid to the differential diagnosis of angina pectoris to avoid misdiagnosis".