

## Round 1

Reviewer #1:

The report did a good job in presenting a case of hemangioblastoma at the anterior skull base of a 51 year old male. The case is mildly interesting as the hemangioblastoma occurred in a rare region (i.e., base of the anterior skull). This report also try to be a foundation for early imaging to diagnose hemangioblastoma. However, there are some weaknesses in this report, including:

Reply: We really appreciate your valuable and helpful comments for this article. Each of them has been read through carefully and corresponding corrections have been highlighted in yellow in the revised manuscript. We believe this article has become more convincing and reasonable based on your kind suggestions. The point-by-point responses are as follows.

Comment 1: Please review your English language and revise the paper accordingly. Some diction need to be improved for more clarity and flow.

Reply 1: Thank you for your review. We have sent our revised manuscript to a professional English language editing company and we believe this version has been revised appropriately.

Comment 2: Several sentences are missing references. For example, the first and second sentences from the introduction section.

Reply 2: Thanks for your kind reminder. We have added references to relevant sentences.

Changes in the text: Hemangioblastoma (HB) is a rare tumor, comprising around 2% of all intracranial tumors [1]. HB occurs most commonly in the cerebellar hemispheres, followed by the brainstem and spinal cord, and is least common in the supratentorial region [2].

Comment 3: For the "revealed oculus dexter (OD) =1.0, oculus sinister (OS) =0.6 ", what are these number indicates? is this a diameter measurement or vision or what?

Reply 3: These number indicates "vision acuity".

Changes in the text: the term "oculus dexter (OD)" and "oculus sinister (OS)" has been replaced by "oculus dexter vision acuity" and "oculus sinister vision acuity" throughout the text.

Comment 4: Do not put subjective measure like "a slight defect" or "should be" into a

scientific paper. Please revise accordingly.

Reply 4: Thanks for your advice. We have made changes in the corresponding locations.

Changes in the text: “a slight defect” has been replaced by “a **partial** defect”. “The imaging diagnosis indicated that the mass in the anterior skull base should be considered benign.” has been replaced by “The imaging diagnosis indicated that the mass in the anterior skull base **was** considered benign”. “however, regarding the HB of the anterior skull base, it should be distinguished primarily from the ensuing conditions.” has been replaced by “however, it is the view of this article that the circumstance of the HB at the anterior skull base is to be distinguished from the ensuing conditions.”

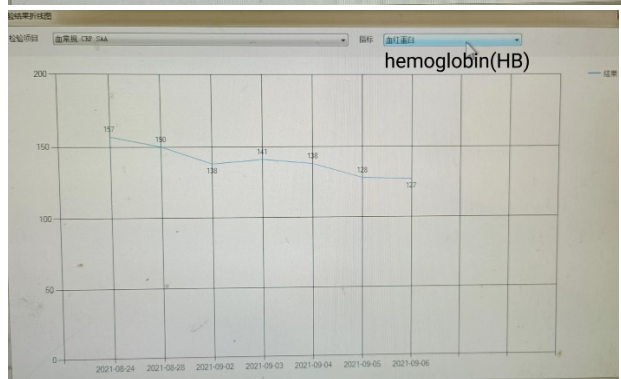
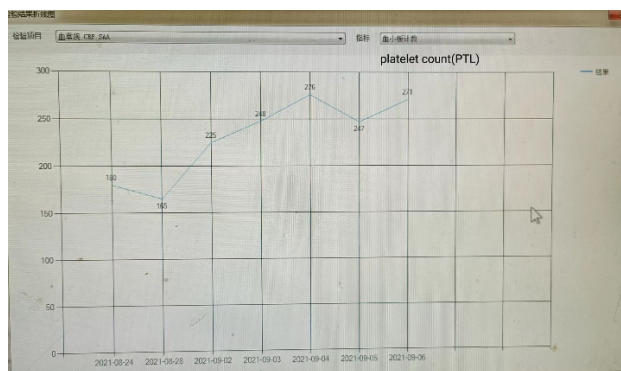
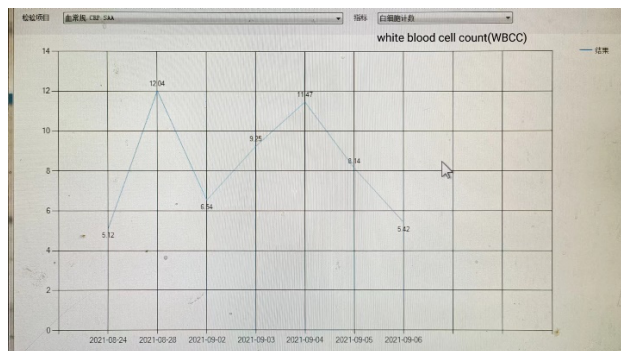
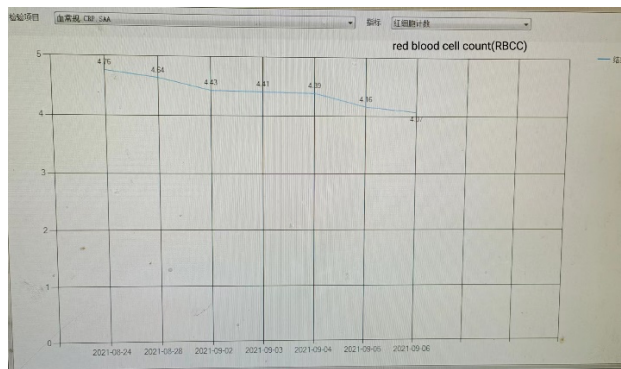
Comment 5: Please revise the case presentation section and add more details. The case history is very lacking. For example, it is hard to believe that the patient had not done anything for his eyesight in the two years.

Reply 5: Thank you for your concern. We have made a follow-up of the patient's medical record. The patient has been reached out to most recently, and it has been confirmed that after he felt the blurred vision of his left eyesight, he indeed took no further action for two years. Even though he undertook a physical examination annually throughout these two years, he did not attach sufficient importance to the blurred vision, and he wished that it would not turn to a serious problem. As a matter of fact, it is a common phenomenon for Chinese patients to endure the sufferings and inconvenience brought by their potential disease until rather lately, the disease considerably affects their lives. Thereby, even though it seems a bit odd for the patient to take no specific action concerning the blurred eye vision, it remains to be the solid fact confirmed by the patient himself.

Changes in the text: In the history of present illness, we added “The patient undergoes physical examination every year. Four months ago, during the physical examination in the local hospital, a head CT revealed a mass occupying space. The patient came to our hospital for further diagnosis and treatment.”

Comment 6: For the lab exam, I believe that some important factors should still be explained even if the result is normal; for instance the CBC (as tumors can cause bleeding and neovascularization which lower hemoglobin), etc. This also give more insight as to what biomarker can be relevant and what cannot.

Reply 6: Thank you for your question. It is appreciated that in most cases, some important lab exam factors may indeed see some abnormal change. After some examination, however, there is indeed no significant specificity with regard to the factors of the lab exam, including the hemoglobin, platelet, white blood cell and red blood cell count. Please refer to the graphs enclosed below for the detailed figure of the aforementioned factors. Notably, 27th August 2021 was when the operation took place.



Comment 7: Please provide the full term of acronyms on its first use.

Reply 7: Thanks for your kind reminder. We have revised for the errors accordingly.

Comment 8: Please be consistent on naming (i.e., "Figure 1" vs. "Fig.2").

Reply 8: Thanks for your kind reminder. We have revised for the errors accordingly.

Comment 9: What do you mean by "few +" or "1% +"? Does "few +" means that some are + and some are - or what?

Reply 9: Thanks for your question. In the pathology report of our hospital, “few+” means that this immunohistochemistry accounts for 10-20% of tumor cells. Similarly, “1+” means that this immunohistochemistry accounts for 1% of tumor cells.

Changes in the text: “few +” has been replaced by “10%-20% + of tumor cells”, “1% +” has been replaced by “1% + of tumor cells”.

Comment 10: Define "large seizure" and please elaborate more on the follow up.

Reply 10: Thanks for your question. “large seizure” is “generalized tonic-clonic seizure”. “generalized tonic-clonic seizure” is a neurology term announced in 2020. When a patient has a generalized tonic-clonic seizure, it presents with generalized muscle rigidity and clonus, with loss of consciousness and autonomic dysfunction. At the most recent follow-up, the patient had no further seizures.

Changes in the text: “a large seizure” has been replaced by “a generalized tonic-clonic seizure, which presented with generalized muscle rigidity and clonus, with loss of consciousness and autonomic dysfunction. At the most recent follow-up, the patient also had no further seizures.”

Comment 11: Are there any imaging done on the follow up? Isn't there any possibility of recurring Hemangioblastoma that will provoke seizure?

Reply 11: Thanks for your concern. We learned that the patient had a re-examination of brain MRI three months after the operation, and the imaging results showed that HB had not recurred. We speculate that the occurrence of epilepsy is related to the greater surgical injury. We believe if this case can be correctly diagnosed as HB before surgery, there may be a more suitable surgical plan, and the patient's prognosis will be better.

Changes in the text: In the “outcome and follow up”, we added “And three months after the operation, the patient underwent a head MRI at the local hospital, and the imaging results showed that HB had not recurred.”

Comment 12: Please limit the references to the past 5 years to ensure recency.

Reply 12: Thanks for your kind reminder. We have limited references to the past five years.

Reviewer #2:

Specific Comments to Authors: The authors have presented a rare case of HB. The manuscript is well written though many language mistakes need correction.

Reply: Thank you for your affirmation of this article and suggestions. We have sent our revised manuscript to a professional English language editing company and we believe this version has been revised appropriately.

## **Round 2**

Reviewer: Please further revise the manuscript according to the re-review comments: Thank you to the authors for their improvement in the manuscript per the reviewers' comment. The manuscript had been modified well, yet minor changes are still needed.

Reply: We really appreciate your valuable and helpful comments for this article. Each of them has been read through carefully and corresponding corrections have been highlighted in blue in the revised manuscript. We believe this article has become more convincing and reasonable based on your kind suggestions. The point-by-point responses are as follows.

Comment 1: Please separate the final diagnosis section into histopathological findings and final diagnosis as there is a pathological tissue explanation in the current final diagnosis section.

Reply 1: Thank you for your review. We have separated the final diagnosis section. The final diagnosis is "The final diagnosis of the presented case is a supratentorial hemangioblastoma at the anterior skull base." And we have classified the histopathological findings as laboratory examinations.

Comment 2: No need of "to summarize" term in the conclusion.

Reply 2: Thanks for your kind reminder. We have deleted "to summarize" term in the conclusion.

Comment 3: Refrain from using etc. maybe use "and other chronic diseases" for example.

Reply 3: Thanks for your advice. We have changed the text to "Healthy in the past, denied history of hepatitis, tuberculosis, hypertension, diabetes, heart disease and other chronic diseases."

Comment 4: It is preferred to put the term "ophthalmologist" instead of "specialist" as "specialist" can refer to many departments.

Reply 4: Thanks for your advice. "Ophthalmologist examination" has been replaced by "Specialist examination".

Comment 5: Please put the full term for "T2WI" and "FLAIR" at the first time of use.

Reply 5: Thank you for your kind reminder. We have revised for the errors accordingly.

Comment 6: Negative cranial nerve examinations can be interpreted as bad response in every exam or no problem at all. To avoid confusion please just put the term "normal" instead of "negative".

Reply 6: Thank you for your advice. "His cranial nerve examination showed a negative result" has been replaced by "His cranial nerve examination showed a normal result."

Comment 7: continuing from (6), after saying that cranial nerve exam is negative, the author contradict themselves by stating problems of the ocular acuity (cranial nerve II). The reviewer advise the author to just put the term "except" between those two sentences to make it flow better.

Reply 7: Thanks for your comment. We have changed the text to "His cranial nerve examination showed a normal result except of the oculus sinister vision acuity=0.6 and his left vision had tubular visual field, while his right vision had a partial defect." It is indeed more reasonable.

Comment 8: Please give the reference for the discussion of "HB is often diagnosed between 35 and ...."

Reply 8: Thanks for your kind reminder. We have added references to this sentence.

Changes in the text: HB is often diagnosed between 35 and 45 years of age, and men are more likely to be diagnosed than women <sup>[2]</sup>.