

< RESPONSE TO REVIEWERS' COMMENTS >

We appreciate your kind comments for our humble article.

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Major revision

Specific Comments to Authors: The authors show the Recurred Forehead Osteoma disseminating after Previous Osteoma Excision. The case presentation is so interesting, however, I have some concerns to discuss. -What is the novelty of the current case?

- ➔ As the authors described in the 'Discussion' section, line 141, there have been no reports of non-syndromic disseminated multiple osteomas without concurrent gastrointestinal lesions. Our case is noteworthy and novel in that the widely disseminated osteoma was unrelated to Gardner's syndrome and exhibited an indistinct morphological demarcation.
- ➔ It is widely known in the literature that osteomas typically do not exhibit spreading or seeding. However, remnant particles resulting from inadequate irrigation and incomplete extirpation during a prior endoscopic resection can lead to a widely distributed, cobblestone-like surface on the forehead. This presentation may resemble the occurrence of multiple osteomas associated with syndromic diseases such as Gardner's syndrome, which can pose challenges for surgeons in making an accurate diagnosis.

-How was the blood labo data?

➔ Laboratory investigations revealed normal white blood cell (WBC) count (5,080 cells/ μ L), hemoglobin (12.9 g/dL), platelet count (202,000 cells/ μ L), and C-reactive protein (CRP) level (< 0.06 mg/L). There were no signs of acute infection. The authors have incorporated this information into the revised manuscript.

-What is the clinical significance of the case?

➔ As mentioned by the authors in the preceding response, this case illustrates how remnant particles from a resected osteoma can be overlooked in endoscopic procedures, potentially leading to recurrence and the distressing outcome of widespread osteoma growth. The cobblestone-like surface on the forehead can be mistaken for the occurrence of multiple osteomas associated with syndromic diseases like Gardner's syndrome, posing diagnostic challenges for surgeons. The authors stress the importance of preventing this complication through meticulous

ous observation of the bony surface, thorough burring, and extensive irrigation to ensure complete removal of bony segments after osteotomy.

In cases involving large sizes or specific locations, such as the glabella and temple region, or when remnant particles are suspected due to poor visibility in the surgical field, a bicoronal incision is recommended. Our case represents a rare phenomenon, likely stemming from the recurrence of remnant particles after an incomplete osteotomy, leading to disseminated growth. Furthermore, even if a patient denies it, surgeons should always consider other potential factors that may contribute to calcification seeding or changes in the periosteum, such as aesthetic procedures, including filler injections.