

Answer for Reviewer (Reviewer's code: 00174138):

Question 1: There is redundancy in the listing of other exophthalmic causes.

Answer: We deleted the content in the introduction as following:

" such as arteriovenous aneurysm, neuroma, adenoma, lymphoma, papilloma, and bony tumors."

Question 2: Only a small number were investigated but I believe that was because the presentation was neuro-orthopedic and the exophthalmos had been previously reviewed and unsuccessfully treated. This comment could be added to the discussion

Answer: We added the content in the discussion as following:

The methods of treatment for Graves' ophthalmopathy was different depending on its severity of clinical signs and symptoms. In the mild stage of Graves' ophthalmopathy, we could encourage patient to change his life style, such as smoking cessation, using cold compression, lubricants, ointments, artificial tears, sunglasses, and prisms for symptomatic relief ^[15]. If the disease progressed to moderate or severity, drugs of glucocorticoid agents with local, oral or intravenous pathway, somatostatin analogues or orbital irradiation might be suggested^[16]. Surgery should be performed for exophthalmos if high-dose glucocorticoids didn't ameliorate this condition. The surgical methods had orbital decompressive surgery and thyroid surgery. Thyroid surgery for Graves' ophthalmopathy commonly included three categories: 1) total thyroidectomy; 2) bilateral subtotal thyroidectomy; and 3) unilateral total and contralateral subtotal thyroidectomy, or the Dunhill procedure^[17].

Question 3: Some discussion should also be added to the rapidity of the exophthalmic regression. Muscle loss is not expected to be clinically noted in 1 day.

Answer: We also added the content in the discussion as following:

On the other hand, patients with Graves' disease associated exophthalmos received the surgery of thyroidectomy. There were 73% of cases would regress with significant symptomatic relief at 1 year^[19]. Our case received the ACDF operation with two PEEK interbody cages and a plate at C4/5/6. Her left unilateral exophthalmos improved spontaneously less than 48 hours after cervical surgery—with no relapse, without any further medication, as of 7 years. We thought that the patient's left unilateral exophthalmos didn't caused by Graves' ophthalmopathy.

Question 4: the "an" instead of "a" in the case summary;

Answer: We had revised the word from "an" to "a" in the case summary.

Question 5: an absent "the" in the history of past illness

Answer: We had added the word "the" in the history of past illness as following:

The ophthalmologist suggested the ophthalmic surgery, but she refused and received regular steroid treatment.

Question 6: the awkward "except" in the abstract conclusion.

Answer: We had been revised the content as following:

We would inform other clinicians that unilateral exophthalmos were caused not only by inflammation, vascular disorder, infection, neoplasm, or metabolic disease, but also by reflex sympathetic dystrophy related with cervicogenic spondylosis.