

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: 1. Is the pt an index case of Neurofibromatosis in his family? Any family history? 2. What were the exact nerve roots mapped for the deficit? "The vibrotactile sensitivities of both hands were reduced.." 3. What was the dimension of the lesion on imaging? 4. Was the excision with margins / intracapsular excision? 5. What is the prognosis / outcome of ganglioneuroma? 6. Even in the case of a benign lesion, cord compressive symptoms would mandate surgical excision. This is not highlighted in the manuscript.

In response to these requests, we have made a number of corrections, which are presented in red color in the reviewed manuscript.

1. We have added this specification in the –paragraph on ‘clinical presentation and examination’.; “The patient was an index case of his family for a history of neurofibromatosis”.
2. Likewise, the requested information is now to be found in the revised paragraph on ‘clinical presentation and examination’: .
3. We now report the dimensions in the second paragraph of the revised ‘clinical presentation and examination’ as follows, “The dimensions of the lesion on the right side were $17.1 \times 22.5 \times 16.8$ mm, versus $16.9 \times 19.8 \times 17.2$ mm for the left side lesion.”.
4. We now present more details about the method of excision in the revised section on ‘surgical procedure’ by stating, “entirely excised along with margins”..
5. The new content is presented in the revised ‘Discussion’ section as follows: “Generally speaking, ganglioneuromas has a good prognosis, and patients could live without any symptoms”. .
6. We now highlight this point in the first paragraph of ‘discussion’ by stating “However, when a benign lesion intrudes into important structures, compression from tumor mass effects may cause symptoms to emerge. In this event, surgical removal of the tumor is an option to be considered, given that recovery is non-problematic for more patients.”, and at the very end we state, “Even in case of a benign lesion, cord compressive symptoms would mandate surgical excision”.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: present case since multiple bilateral ganglioneuromas of the upper cervical spine are a rare occurrence, with scant documentation in the literature. Diagnosis and surgical planning were facile with MRI and computed tomography imaging. note the need for timely surgery to decompress the spine by removing the bulk of the tumors, while preserving the bony structures required for spinal stabilization.

We express our gratitude for both reviews.