

Dear Editors:

Thank you for your letter and for the reviewers' comments concerning our manuscript.

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Dear Author; 1. The CT and MRI images in figures 1 and 2 should be of similar size. 2. The manuscript cites reliable references, but references are more than ten years old.

1.Yes,we changed the size of figures 1.

2.Yes,one reference is more than ten years old.However,the latest reference is 2019.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Major revision

Specific Comments to Authors: The authors show the the case of periosteal chondroma of the rib. The case is interesting, however, I have some concerns. 1. What is the novelty of the current case? 2. Is there any abnormal findings of the blood test? 3. Which do you think better, surgical treatment or conservative treatment for the periosteal chondroma of rib?

1. Periosteal chondromas are uncommon entity and have relatively typical radiological findings.We reviewed the literatures,there are some reports about rib periosteal chondromas.However,there is no typical radiological findings in the previous reports of rib periosteal chondroma.The case of rib periosteal chondroma we reported have typical radiological findings,including soft tissue mass pressure erosion at the cortical surface of the rib and shows a sclerotic rim or a thin cortical shell, the medullary cavity is not involved, calcification within the mass, signal characteristics of this lesion are similar to those of enchondromas, the hypointense lining covering the cartilage lobule.

2.We mentioned the blood test in **Laboratory examinations**.

3.If the radiologist made a confirmative diagnosis,conservative treatment is better.Otherwise,surgical treatment is preferred.

Special thanks to you for your good comments.

Best regards

Chuanping gao