

Dear editor,

We submit hereby a revised manuscript entitled “**Ultrasound-guided needle release plus corticosteroid injection of superficial radial nerve: A case report**” (No. 70315). We have carefully studied the reviewer’s comments, concerns and suggestions, and have made appropriate revisions which are marked with yellow background in the revised manuscript.

In this revised manuscript, all concerns of the editor have been adequately addressed. In this “70315-Answering Reviewers” letter, the point-by-point responses to the editor’s comments and suggestions are provided. We greatly appreciate the constructive suggestions and comments from the editor and the reviewer, which is highly helpful for improving the quality of the manuscript. We sincerely hope that the revised manuscript would be suitable for publication in ***World Journal of Clinical Cases***. The following part is the point-by-point responses to the reviewer.

With best regards,

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November 7, 2021

Response to Reviewer 1:

Thank you so much for your valuable suggestions. After reading each suggestion carefully, we made several changes of our manuscript accordingly (see highlights in our revised manuscript). The below is the detail of each change.

1. Firstly, the diagnostic process of traumatic neuroma was unclear. The authors started this report with an already determined diagnosis, where readers are not on the same page. Traumatic injuries can cause varieties of neurologic complications. Thus, the logical flow of decision-making, why the authors expected the local injection technique to work, should be clearly stated. Perhaps the definite diagnosis is not integral here. This treatment could work in any kind of neural adhesion. If so, that should be mentioned in Discussion anyway.

Response: thanks for your advice. This patient injured his right wrist and had preliminary debridement, suturing and bandaging. After 6 months, he felt numbness and tingling in the dorsal surface of the thumb of the right hand. So he had surgery which included resection and SBRN anastomosis. After surgery the pathological findings confirm it as traumatic neuroma. So we revised as follows “So the surgery of resection and SBRN anastomosis were performed. The pathological findings showed it as traumatic neuroma” in order to explain logically. As you said in comment, ultrasound-guided needle release has significant effect in many kinds of neural adhesion. We also tried other adhesive treatments for nerves, such as ultrasound-guided needle release of sciatic nerves and deep branches of the sciatic nerve. They all worked well. So we added in Discussion part as follows “Last, ultrasound-guided needle release has significant effect in many kinds of neural adhesion. We also tried other adhesive treatments for nerves, such as ultrasound-guided needle release of sciatic nerves and deep branches of the sciatic nerve. They all worked well.”

2. Secondly, the follow-up period is not certainly appropriate. This patient felt numbness and tingling sensation four months after the first surgical treatment. In contrast, the symptomatic improvement was evaluated four weeks after the local injection. He might have presented the symptoms again later. Readers want to know how long that effect would last.

Response: thanks for your advice. It has already been 4 months after this patient went ultrasound-guided needle release plus corticosteroid injection of superficial radial nerve and he did not feel any numbness or tingling sensation of his right wrist. So we revised it as “Four months passed, he did not feel any numbness or tingling sensation of his right wrist”. We will also continue to follow up on his situation.