

Manuscript NO.: 81583

Reviewer #1:

The author has addressed a very rare case and has put forward a succinct abstract. The title is self explanatory and informative keywords have been used by the author. The author has conducted a thorough review of literature on carpal osteochondromas. Images and figures supporting the manuscript content are well documented and presented. A good take away message has been put forward in the conclusion. The manuscript is well organised and systematically presented. Good use of language and grammar with an interesting take away message has been put forward. Questions to the author

1.

Comment: Any other tests that were done to rule out inflammatory conditions apart from rheumatoid serology? If yes, please mention

Response: Thank you.

We performed routine preoperative blood tests with LFT, CBC, ESR and CRP and no additional tests, such as rheumatoid factor or anti-CCP antibody tests were performed in patients without specific rheumatoid arthritis history. We performed LFT, CBC, ESR and CRP tests for this patient as well.

2.

Comment: How did you rule out the presence of a seronegative rheumatoid arthritis. Any history of small/ large joint pain, ESR and CRP?

Response: Thank you.

ESR and CRP levels were normal in the preoperative routine test. The patient did not complain of joint pain except active flexion limitation of the RRF and the RSF and he had no history of being treated for joint pain. Additionally, we could rule out seronegative rheumatoid arthritis because the plain radiographs and MRI showed no arthritic changes.

3.

Comment: There is no history, physical examination, radiological test in your manuscript which is suggestive of an osteochondroma of the hamate, still it has been mentioned as the final diagnosis before the part about operative procedure(where the osteochondroma was actually identified)

Response: Thank you 감사합니다.

We agree with you. Osteochondroma was not identified in the patient preoperatively. We performed wrist MRI, but even the radiologist could not confirm osteochondroma. Therefore, a flexor tendon rupture caused by osteochondroma could not be expected until the surgery. Intraoperatively, a tumor suspected as osteochondroma was found at the hamate bone in the carpal tunnel. The tumor was removed for biopsy and confirmed to be osteochondroma.

4.

Comment: Would a reconstruction with a free tendon palmaris longus graft, have benefitted more if the patient was assessed for GA preoperatively, and standby GA was kept for the patient?

Response: Thank you 감사합니다.

Considering the patient reported an inability to perform active flexion of the R SF 2 weeks prior and active flexion of the RRF 1 week prior to the hospital visit, a free palmaris longus tendon graft would have yielded favorable results. This is because although the muscle contractility of a ruptured tendon is maintained up to 4 weeks after the rupture, it decreases if treatment is delayed for over 4 weeks. Therefore, direct tendon sutures or free tendon grafts may not yield favorable results. The author was junior staff at that time and perhaps not well prepared the operation on this case. Based on nearly 20 years of experience in performing hand surgeries, the author would have harvested the palmaris longus tendon under additional local anesthesia even when performing surgery under regional a

nesthesia.

Comments 1).

The manuscript would have been stronger with any kind of a follow up for this patient, which is lacking, as the patient did not followup, as mentioned by the author.

Response: Thank you

We are regretful for the lack of follow-up

Comment: 2).

The authors should have taken help of an expert hand surgeon intraoperatively with proper surgical pre-planning, considering the nonspecific history and inconclusive radiological tests, in the presence of a closed tendon rupture.

Response: Thank you

We agree with you

Comment 3) Line 67 grammatical error

Response: Thank you

We corrected the errors. See page 3, line 56.

Comment 4)

All surgical procedures require proper preplanning and preparedness. In my opinion, with all due respect, does not qualify as an take away message

Response: Than you. We agree with you.

In my experience as a hand surgeon, hand surgeons provide treatment suspecting non-union of the hamate hook as the common cause of a closed rupture of the flexor tendon. However, intended take away message is that a more cautious approach should be undertaken in treating such patients because tumors such

as osteochondroma in the hamate can also be the cause in extremely rare cases.
Thank you for understanding.

Comment: 5) No mention of Ethical approval for the study, has been done

Response: Thank you.

Ethical approval was obtained, and it is has been described. See page 11, line 243-245.

6 EDITORIAL OFFICE’S COMMENTS

Authors must revise the manuscript according to the Editorial Office’s comments and suggestions, which are listed below:

(1) Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.

Response: Thank you.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”. Please provide the original figure documents.

Response: Thank you.

We have made the change accordingly.

Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights.

Response: Thank you.

We have prepared the figures as instructed.

Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2023. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.