

Response to reviewers

Dear respected reviewers,

Thank you for taking the time to review our manuscript and provide your valuable comments. Here are answers to your comments:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Dear Author(s), Although this article covers the previous literature in detail, it does not contribute any new information. For this reason, it would be appropriate to expand the literature review and reorganize it as a review of the literature. Sincerely yours

Authors' response: Thank you for your valuable comments. This is a very good idea. We have expanded our manuscript to include review of literature. We have included a table to summarize the literature regarding chest wall reconstruction in children and added more references as well.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: The title is informative and relevant. The references are relevant and recent. The cited sources are referenced correctly. Appropriate and key studies are included. The introduction reveals what is already known about this topic. The research question is clearly outlined. The case is well-described, the used methods methods for diagnosing and therapy are valid and reliable. The patient data is presented in an appropriate way. The illustrative materials are relevant and clearly presented. Data is discussed from different angles and placed into context without being overinterpreted. The conclusions are supported by references and own results. This paper added to what is already in the topic. The article is consistent within itself. Specific comments on weaknesses of the article and what could be improved: Major points - none Minor points 1. What would be your recommendations based on the case and the outcomes? 2. What else would you be performed if you have an option (instrumental, imaging)?

Authors' response: Thank you for your valuable comments: 1. Our recommendation for other clinicians managing similar cases is to use similar biologic acellular dermal matrix mesh for chest wall reconstruction in children as it seems to fulfill the requirement for an ideal prosthesis. 2. We believe that we have utilized the best imaging modality available in

our hands (Computed tomography with 3D reconstruction) and we think it had served us well in order to better plan for the surgery. No additional instruments we would recommend based on our experience.