

Response to Reviewers Letter

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Acute neck tendonitis with dyspnea" (ID: 84704). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our research. We have studied comments carefully and have made the correction which we hope meet with approval. The main corrections in the paper and the responses to all comments are as flowing:

Response to the editor

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 its final acceptance, the author(s) must provide the Signed Consent for Treatment Form(s) or Document(s) (患者治疗/手术同意书或病例首页). 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. 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. Please check

and confirm whether the figures are original (i.e. generated denovo 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.

Our Response and Action Taken

We deeply appreciate your comments, all figures are original and add **Copyright ©The Author(s) 2023.**

We have provided The Signed Consent for Treatment Form(s) or Document(s) (患者治疗/手术同意书或病例首页) to the journal.

According to reviewer's comments, we have carefully modified the manuscript.

Response to Reviewer 1

1. Language quality: Grade B: Minor language polishing.

Our Response and Action Taken

We deeply appreciate your advising, the manuscript has been edited by **American Journal Experts: <http://www.aje.com>**



2. I think it is appropriate to publish this as a case report.

Our Response and Action Taken

Thank you very much.

Response to Reviewer 2

1. Language quality: Grade B: Minor language polishing.

Our Response and Action Taken

We deeply appreciate your advising, the manuscript has been polished by American Journal Experts: <http://www.aje.com>



2. The text written from line 72 to line 96 must be included in the "Introduction" chapter. It's barely included in the "Discussion" chapter.

Our Response and Action Taken

Thank you for your valuable suggestions, The content of line 72 to line 96 has been included in the introduction chapter.

3. The work has a reduced number of "references" and the few that it has are not recent.

Our Response and Action Taken

We have cited and added more latest literature to support our research.

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2. Guerroum H, Koubaa I, Benissad A. Calcific tendinitis of the longus colli: An uncommon cause of neck pain. *Radiol Case Rep.* **2022**;17(4):1228-1230. Published 2022 Feb 4. doi:10.1016/j.radcr.2022.01.023
3. Darrieurtort-Laffite C, Blanchard F, Le Goff B. Calcific tendonitis of the rotator cuff: From formation to resorption. *Joint Bone Spine.* **2018**; 85:687–92. doi: [10.1016/j.jbspin.2017.10.004](https://doi.org/10.1016/j.jbspin.2017.10.004).
4. Kang T, Park SY, Lee SH, Park JH. Acute Calcific Tendinitis of the Longus Colli. *Pain Med.* **2020**;21(8):1706-1708. doi:10.1093/pm/pnaa055
5. Ko-Keeney E, Fornelli R. Acute calcific tendinitis of the longus colli: Not all retropharyngeal fluid is an abscess. *Ear Nose Throat J.* **2022**; 101:78–80. doi: [10.1177/0145561320943347](https://doi.org/10.1177/0145561320943347).
6. Shen Y, Zhou Q, Zhu X, Qiu Z, Jia Y, Liu Z, et al. Vertigo caused by longus colli tendonitis: A case report and literature review. *Medicine.* **2018**;97:e13130. doi: [10.1097/MD.00000000000013130](https://doi.org/10.1097/MD.00000000000013130).
7. Qureshi PAAA, Bollason G, Ágústsson KL. Acute Calcific Tendinitis of the Longus Colli Muscles: An Entity That Should Be Known by Emergency Radiologists. *Cureus.* **2022**;14(5):e25518. Published 2022 May 31. doi:10.7759/cureus.25518
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9. Bannai T, Seki T, Shiio Y. A pain in the neck: calcific tendinitis of the longus colli muscle. *Lancet.* **2019**;393(10185):e40. doi:10.1016/S0140-6736(19)30951-1