

Dear Editor and reviewers:

Thank you for your reviewed and offered the valuable suggestions on my article. I have read your advice carefully, revised them in a timely and the following replies are made:

Question 1: "In the abstract mention that you have done excision of the tumor by tibiotalar fusion and the current version gives you a good beating A wrong impression of only fusion being performed due to the comorbid illness of the patient. ". What I want to express in the article is that the patient's physical condition can tolerate the operation. Cardiologists and anesthesiologists suggest reducing the operation time and surgical trauma. Because the patient's heart function is poor, the patient has little demand for ankle joint function. So now it 's revised to: Preoperative examination revealed he had dilated cardiomyopathy with class 3 cardiac function. The cardiologist and anesthesiologist believe that he can tolerate the operation, but the operation should be as short and minimally invasive as possible. With the patient's consent, we performed a tibiotalar fusion.

Question 2: "In the introduction discuss about the distal fibula GCT management options also and highlight the peculiarity of the current case to the readers. In the discussion part elaborate on the advantages and disadvantages of the treatment options offered to the patient and the other options available if any. Also elaborate on the additional measures to be taken for a successful tibiotalar fusion following resection of lateral malleoli In the conclusion highlight the major conclusion alone no need to justify the alternative methods. Highlight on additional surgical pearls such as fixation by peroneal tendon suture of peripheral ligaments." According to the comments of the reviewers, I modified the issues mentioned, focusing on the discussion part, no longer emphasizing the particularity of the case, but the fibular tendon suture fixation was described. Such as "Although reconstructive surgery may improve ankle function, it is time consuming, requires a high cost for reconstruction surgery, and can induce traumatic arthritis, leading to dissatisfaction with the ankle function restoration. Arthrodesis reduces joint function, however the patient can walk without pain and the cost is lower"; " In this case, we first performed pathological biopsy on the patient, and in order to avoid tumor spread, we used bone cement to seal the wound cavity. In the fusion procedure, we completely excised the mass and the soft tissue invaded by the tumor, sutured the normal peroneus brevis muscle to the peroneus longus muscle, and then sutured it to the deep fascia surrounding the lateral malleolus to enhance ankle stability".

With kind regards,

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