

SPECIFIC COMMENTS TO AUTHORS

The manuscript discusses Diffuse idiopathic skeletal hyperostosis in a young male patient. There are many comments to help in the manuscript and to bring clear rationale and context for this case report. 1. Abstract- The case summary should provide the clues to DISH. Further, It is mentioned that “sensory level dropped to the navel level” however presenting or previous status not mentioned. 2. Mention the rationale of reporting this case in INTRODUCTION, the novelty, rarity, relevance etc. 3. What was the intensity, pattern, progression, associated features of pain? 4. What are the risk factors for this disease and what were present in this patient? 5. Hope the up to date follow up of the patient can be provided? 6. “The ossification of ligamentum flavum is obvious.” Rephrase such statements with exact findings. 7. Any other blood / serum investigations are relevant in this disease? 8. Treatment includes hyperbaric oxygen therapy. What is its current role in this disease? 9. “Shoapparentconsidered” Check such words. 10. The learning points are not clear; the last paragraph needs to be re-constructed.

We are grateful for your feedback and have made the necessary changes to the manuscript.

Answer the Reviewer :

1. Abstract- The case summary should provide the clues to DISH. Further, It is mentioned that “sensory level dropped to the navel level” however presenting or previous status not mentioned.

Response: Thank you for your correction. We have revised the manuscript. On page 2, line 25-26 and line 30-31: Diffuse Idiopathic Skeletal Hyperostosis (DISH) is a disorder characterized by calcification and ossification of the entheses, primarily

affecting the spine and other peripheral areas. Prior to medical treatment and surgery, the patient experienced hypoesthesia of the skin below the xiphoid process. However, during the recent follow-up, the patient's skin sensation has returned to normal.

2. Mention the rationale of reporting this case in INTRODUCTION, the novelty, rarity, relevance etc.

Response: Thank you for your correction. We have revised the manuscript. On page 3, lines 54-58 : This case is rare in that it involves a young patient with both DISH and Scheuermann disease, as DISH is more commonly seen in middle-aged and elderly individuals.

3. What was the intensity, pattern, progression, associated features of pain ?

Response: Thank you for your correction. We have revised the manuscript. On page 3, lines 68-69 and on page 5, lines114-117: Upon admission, the patient reported radiating pain in the waist with a VAS score of 8. Following treatment, the patient's VAS score was reduced to 2 and the lumbar pain had completely dissipated during the subsequent follow-up.

4. What are the risk factors for this disease and what were present in this patient ?

Response: DISH is a bone disorder, yet it is closely linked to metabolic disorder. Diabetes, hyperinsulinemia, obesity, dyslipidemia and hyperuricemia are all potential risk factors for DISH, however, our patient does not have any of these.

5. Hope the up to date follow up of the patient can be provided ?

Response: Thank you for your correction. We have revised the manuscript. On page 5, lines114-117: During the most recent review of the patient, the lumbar discomfort had completely abated and the patient's skin sensation had returned to normal. Furthermore, the patient was able to walk 1.5 kilometers.

6. "The ossification of ligamentum flavum is obvious." Rephrase such statements with exact findings.

Response: Thank you for your correction. We have revised the manuscript. We have deleted the inaccurate description in the manuscript.

7. Any other blood / serum investigations are relevant in this disease ?

Response: Thank you for your correction. We have revised the manuscript. On page4, lines 80-84 : Differentiating DISH from ankylosing spondylitis requires the testing of HLA-B27. The patient's HLA-B27 index is normal. Additionally, no correlation was found between other blood/serum investigations, such as ESR, blood routine test, and other biochemical indicators, as they are all within the normal range.

8. Treatment includes hyperbaric oxygen therapy. What is its current role in this disease ?

Response: Thank you for your correction. Hyperbaric oxygen therapy can quickly raise the oxygen levels in the blood of the spinal cord, relieving the hypoxic state and protecting its function. Furthermore, it has been shown to improve the recovery of neural function.

9. "Shoapparentconsidered" Check such words.

Response: Thank you for your correction. We have revised the manuscript. On page 6, lines 162: "Showparentconsidered "should be changed to "should be considered".

10. The learning points are not clear; the last paragraph needs to be re-constructed.

Response: Thank you for your correction. We have revised the manuscript. On page 7, lines 170-175 :It is plausible that DISH is not exclusive to the elderly, but can also manifest in young people. As such, orthopedic physicians should strive to enhance their comprehension of adolescent DISH patients to reduce the likelihood of misdiagnosis. Diagnosing and treating the condition in its early stages is paramount.