

Dear Editor-in-Chief

We sincerely thank you for your precious time spent in reviewing our paper. I hope that this revised manuscript is satisfactory.

Reviewer #1:

Specific Comments to Authors: Oye M et al (reference 12) presented a case of MSJ coexistence in a patient with axial spondyloarthritis. What does the authors' case differ from the case of Oye et al.? What new information does this case add to the literature? The authors should point out these differences in the discussion section.

Response: Thank you for your suggestions for improvement of the manuscript. Our paper differs from the report of Oye et al. in two aspects. First, as a diagnostic tool, bone SPECT-CT was used instead of MRI, and detailed explanation of the clinical significance was added to the Discussion (7<sup>th</sup> paragraph). Second, we emphasized the effect of IA corticosteroid injection to MSJ for focal pain control rather than systemic drugs and described this in the Discussion (8<sup>th</sup> paragraph).

Reviewer #2

Specific Comments to Authors: This manuscript titled as "Ultrasound-guided intra-articular corticosteroid injection in a patient with manubriosternal joint involvement of ankylosing spondylitis: A case report" is quite interesting and provided a differential diagnosis/solution of this rare condition. However, there still some points should be addressed:

1. Authors provided the image study about patient's SI joint inflammation, but did not describe his physical examination about the SI joint pain.

Response: Thank you for your comments. Regarding the physical examination of SIJ, we already described that in the text (*Further diagnostic workup*, lines 2-3), and SIJ pain provocation tests and the Schober test were negative. A description of the clinical significance of the physical examination about SIJ has been added to the text (5<sup>th</sup> paragraph of the Discussion).

2. Pain relieved nearly half after the first injection, but the subsequent therapeutic effect seemed to be limited. Please describe the medication condition during the period of following up. And provide the post-injection images study.

Response: Thank you for your suggestions. We additionally noted medications prescribed during follow up (TREATMENT, lines 7-8; OUTCOME AND FOLLOW-UP, lines 8-9).

The patient's pain was almost relieved after treatment, and it was thought that short-term follow-up SPECT-CT could not reflect the prognosis after IA corticosteroid injection. Considering the cost and risk of radiation exposure, post-injection SPECT CT was deemed not necessary.

3. The authors demonstrated the SPECT-CT can diagnose MSJ arthritis, please show the results of SIJ also.

Response: Since SPECT-CT was used for initial evaluation of musculoskeletal anterior chest pain, SPECT-CT was performed focusing on the chest area to minimize radiation exposure. However, whole body bone scan together with bone SPECT-CT showed no increased uptake in the SIJ area. We have added this image to Fig. 2 and a description of the bone scintigraphy results in the text (*Imaging examinations*, lines 2-3).

4. Please provide the evidence level and more references for discussion in using SPECT-CT as a diagnostic tool for arthritis.

Response: We appreciate your thoughtful suggestion. We added this in the text (6<sup>th</sup> paragraph of the Discussion, lines 4-8).

## EDITORIAL OFFICE'S COMMENTS

### (1) Science editor:

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

Language Quality: Grade C(A great deal of language polishing)

Scientific Quality: Grade C(Good)

### (2) Company editor-in-chief:

I have reviewed the Peer-Review Report, 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. 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 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) 2022. 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/>.

We sincerely thank you for taking your precious time to review our paper. We have made some corrections in the manuscript in response to the editorial comments. We hope that our revised manuscript revision is satisfactory and await your positive response. Thank you.