

Answer to the reviewers

We sent the non-native speakers of English certificate

We added the city and postcode

We confirmed figure 3

We corrected references

Name of journal: *World Journal of Clinical Cases*

ESPS Manuscript NO: 12294

COMMENTS

1. Pollakiuria, stypsis, and sciatica along the S2 left dermatome.
2. On physical examination, the patient had a positive right Lasegue sign. Rectal inspection revealed a posterior hard-elastic lesion.
3. We didn't make any differential diagnosis.
4. We didn't do any laboratory test.
5. Lumbosacral MRI with gadolinium demonstrated the presence of a presacral, giant, well-circumscribed round formation. A CT bone scanning showed erosion of the left sacral wing at S3-S4 foramen.
6. Microscopic examination revealed the presence of typical touton giant cells. In general, a finding of such cells is sufficient for a diagnosis of xanthogranuloma.
7. Surgical treatment.
8. The recent discovery of the monoclonal nature of the cell population of these lesions, has suggested a possible neoplastic origin. The lesions are self-limiting and predominantly occur in infancy and childhood, and typically regress over several years. In these cases, conservative treatment and clinical observation is therefore indicated. Adults do not usually experience spontaneous resolution [3] and injuries may present invasive characteristics, meaning that surgical procedures become the treatment of choice
9. Xanthogranuloma, a proliferative histiocytic disorders.
10. complete surgical removal is the gold standard for the treatment of this pathology.