Dear Editor of World Journal of Clinical Cases

Many thanks for considering our manuscript for publication in your journal. We are grateful to the editors and reviewers for their very thoughtful and constructive comments.

According to the peer-review report, we have revised our paper taking into full consideration of the suggestions of the reviewers. In this letter we have provided a detailed list of changes keyed to the reviewers' comments with an itemized, point-by-point response to the comments of the reviewers.

With warm personal regards，

Yours sincerely,

Sincerely yours，

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Point-by-point response for reviewer #1

General Comments:

1) The authors should add "lesions" at the end of the first line of the Abstract.

Answer: Thank you for pointing this out, we have added this word in the Abstract.

Point-by-point response for reviewer #2

General Comments:

1) Physicians are eager to know clinical images of diseases. You need to clearly present clinical feature of Carney complex. Showing each frequency of manifestation of Carney complex in table would greatly help readers understand its clinical feature. Table showing features of other syndromes mimicking Carney complex would be valuable.

Answer: Thank you for your suggestion. We added Table 1 to the manuscript, summarizing the clinical features of Carney complex and some similar genetic syndromes.

2) I think you focused on osteochondromyxoma in Carney complex. You need to clearly describe why you focused on osteochondromyxoma in Carney complex.

Answer: Skeletal manifestations of these two patients are prominent, but both of them were misdiagnosed as fibrous dysplasia before admission to our hospital. During the process of seeking the clear diagnosis, we did a thorough literature review, but found very few papers on the bone lesions of carney complex, and even fewer providing images. Just as we have demonstrated in the Discussion, "only 9 cases were identified after exclusion of repeated cases", 6 of which are in English.

However, bone lesion is a very unique manifestation of CNC, recognition of osteochondromyxoma may even remind the diagnosis of CNC. Our cases have typical family history, clinical and radiological features, receiving comprehensive lab and imaging examinations. We learn a lot for them and want to share with our colleagues.

Specific comments:

1) Abstract: You describe that “The prognosis of CNC may thus be improved by early treatment.” You need to explain why early treatment for Carney

complex is recommended.

Answer: Thank you for pointing this out. We have explained it in the abstract.

2) Discussion: You mention gene analyses of the diseases before descriptions of clinical features of the diseases. I would recommend you mention the clinical features of the diseases before gene analyses.

Answer: Thank you for your suggestion. We have adjusted the order of expression.

3) OMX should be spelled out.

Answer: We have corrected this.

4) You need to show the main causes of death in Carney complex.

Answer: Thank you for your comments. We have added the relevant content to the fourth paragraph of the discussion.