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Reviewer 00503705

Specific Comments to Authors: You should make some changes in the grammar and in the spaces in the paper! it is quite stunning that the phonation in your case was improved, have you got an explanation to that? if so, state it in the paper.

The phonation in our case was really improved as seen in other cases. Surgical reinnervation has proved effective in restoring neural function to laryngeal muscles, thus preventing atrophy, improving the bulk and position of vocal folds and enhancing overall vocal quality.

Miyauchi A, Inoue H, Tomoda C, Fukushima M, Kihara M, Higashiyama T, Takamura Y, Ito Y, Kobayashi K, Miya A. Improvement in phonation after reconstruction of the recurrent laryngeal nerve in patients with thyroid cancer invading the nerve. Surgery. 2009 Dec;146(6):1056-62.

Reviewer 00646357

Specific Comments to Authors: Add more on the basic of this disease in the introduction -Discuss role of imaging using these ref -Razek AAKA, Ashmalla GA. Assessment of paraspinal neurogenic tumors with diffusion-weighted MR imaging. Eur Spine J 2018;27:841-846. -English language correction through the manuscript.

The more basic of Schwannoma was added in the part of the introduction. The ref -Razek AAKA, Ashmalla GA was discussed in the part of the discussion.

Reviewer 00503711

Specific Comments to Authors:

Well written article. Some concerns: Methods: 3 rd line: Physical examination was unremarkable. Kindly delete figure 1. Kindly delete the following: which was suspected paralysis of left recurrent laryngeal nerve caused by tumor invasion. The patient performed the thyroid nodule resection, and the intraoperative frozen-section examination confirmed the diagnosis of thyroid papillary carcinoma.

We do not agree with deleting the above for which was the part of medical history, once it was deleted, the story would be incomplete.

Was preoperative FNAC done? If so, what was the finding? Why was intraoperative frozen section done instead, which has a low accuracy?

The preoperative FNAC was not done, FNAC was recommended, but the patient refused. And the intraoperative frozen section confirmed thyroid cancer.

What was the distance of the mass from the lower border of cricopharyngeus?

There was some distance between the mass and cricopharyngeus as seen Figure 2.

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What suture material was used for the anastomosis?

The 7-0 proline was used for the anastomosis, which was stated in the manuscript.

What was the postoperative status of the L vocal cord?

Unfortunately, the postoperative status of the L vocal cord was not followed up.

Kindly modify the following statement wherever it appears in the manuscript: Surgical excision with opening the capsule and shelling out the tumor is the treatment of choice. Instead: If enucleation is possible by opening the capsule and shelling out the tumor, functional preservation of the nerve might be achieved. However, in most cases as seen here, complete tumor excision with end-to-end nerve anastomosis may be the only feasible option. Conclusion: may be modified to the following: In cases of small thyroid nodules with unexplained preoperative vocal palsy, a co-existent pathology such as schwannoma of the recurrent laryngeal nerve may be suspected.

All was modified as the reviewer suggested.

Reviewer 00071178

Specific Comments to Authors: Any lesion or mass seen in the neck in a patient undergo thyroid cancer surgery may be easily perceived as recurrence of thyroid cancer. The case presented here will be highly educational for readers in this aspect. I am curious about the views of writers on a subject. Can the tumor that develops from the laryngeal nerve correlate with the surgical procedure for thyroid cancer or thyroid cancer?

Schwannoma from laryngeal nerve was usually incidentally found during thyroid surgery, so it is not correlated with the surgical procedure for thyroid cancer or thyroid cancer