Reviewer 1

This is a well described and well documented case of a trabecular basal cell carcinoma. The title is appropriate as is the abstract and the background. There are a few issues that need to be discussed in addition to what the authors have written. The authors stated that the tumor started as a peanut-sized nodule. Who diagnosed that peanut-sized nodule. And if so, why than not to excise that nodule when there was clear evidence of growth? Was not waited too long with the surgical treatment with a much larger excision of tumor needed? •

Answer: first of all, the patient has already suffered the tumor for one year before her first visit to our hospital. At beginning, she didn't take notice of this tumor and didn't visit a doctor until the tumor enlarged obviously accompanied with head spin in last half year. She went to another hospital and got the needle biopsy which indicated a pleomorphic adenoma six days before her visit to our department, and then she was advised to our hospital for further treatment.

The authors state that the diagnosis basal cell carcinoma only can be made on an excisional biopsy. This statement means that all these tumors have to be treated as being of the membranous subtype, while the treatment of the other subtypes can be treated more conservative, e.g. with a superficial or total parotidectomy. In other words, could a large incisional biopsy also do the job when not a membranous type is expected, so a more conservative treatment can be installed? Was the treatment as performed an overtreatment when

considering that it was a trabecular basal cell carcinoma?

Answer: we mean basal cell adenoma in this paper instead of basal cell carcinoma. According to analysis, basal cell adenoma and pleomorphic adenoma are much alike in histologic features, and we did fine needle aspiration biopsy guided by ultrasound and it also suggested the diagnosis of pleomorphic adenoma and the pathologist proposed excisional biopsy. Fine needle aspiration biopsy could not give an accuracy diagnosis. And according to clinical experience, it suggests a large excision for tumor stems from parotid gland, no matter what type of this tumor. Therefore, the treatment we performed was not an overtreatment.

Reviewer 2

Accept

Reviewer 3

Dear Ladies and Gentlemen, The manuscript 'A large basal cell adenoma in the ipsilateral skull base and mastoid in the right parotid gland: a case report.' describes the unusual case of an usually expanding growing basal cell adenoma of 3.9x.2.9x5.3 cm^3 in the magenetic resonance tomography. The benign tumour was resected by total parotidectomy. Smaller benign uni- or multicentric tumours of the parotid gland up to 4 cm in growth are resected by extracapsular dissection with safety margins of two to three mm and larger tumours by partial superficial parotidectomy, when located in the superficial lobe of the gland, which keep most parotid tissue in place, although

multicentric occurence or recurrence can occur in few cases later according to the literature. Consequently, a fine needle aspiration or punch biopsy should be done carefully due to possible tumour spread, e.g. in pleomorphic adenoma, and definitive diagnosis is established by postoperative histopathology results. The manuscript is well written and the figures are sufficient.

a) Please include into the key words: basal cell adenoma, mastoid, parotid gland, skull base, total parotidectomy.

Answer: have already done!

b) Please include explanations to the mentioned biomarker abbreviations.

Answer: have already done!

c) Please clarify the tumour extension. How much of the mastoid bone was affected? Was the dura mater finally involved? Does a past history of ear diseases or past radiology exist?

Answer: dura mater was not involved, so we successfully departed the tumor and cerebellar dura mater. And there was not a past history of ear disease or past radiology exist.

d) Please include a scale bar into the histopathology figures?

Answer: done!

e) Please include an inscription into the magnetic resonance imaging figures?

Answer: done!

f) Please check the references for accuracy according to the Journal Style Guidelines?

Answer: done!

g) Minor points: 1. Abstract, line 2: Please change to '... while based on ...'. 2. Case presentation, line 10: Change to '... a smooth right nasolabial fold ...'. 3. Case presentation, fourth section, line 32: Change to '... arranged in clusters around ducts ...'. 4. Discussion, line 3: Change to '... and is followed by tumour occurence by the buccal and palatal mucosa ...'. 5. Discussion, second section, line 8: Change to '... more than 3 cm.'. 6. Discussion, section 4, line 38: Change to ' Only when a histopathological examination is performed after the tumour is removed a final diagnosis ...'. 7. Discussion, last section, line 8 from the bottom: Add an explanation to the abbreviation IHC. 8. Discussion, line 7 from the bottom: Change to '... should prompt attention to the possibility of ...'. 9. Legend to figure 3: Change to '... and the mastoid was partially destroyed ...'. Sincerely,

Answer: have already done!