

Dear Editor:

We wish to re-submit the manuscript titled “**Paraplegia after transcatheter artery chemoembolization in a child with clear cell sarcoma of the kidney: a case report**

.” The manuscript NO is 54011.

We thank you and the reviewers for your thoughtful suggestions and insights. The manuscript has benefited from these insightful suggestions. We look forward to working with you and the reviewers to move this manuscript closer to publication in the *World Journal Of Clinical Cases*.

The manuscript has been rechecked and the necessary changes have been made in accordance with the reviewers’ suggestions. The responses to all comments have been prepared and attached herewith/given below.

Thank you for your consideration. I look forward to hearing from you.

Dr. Jia-Bin, Cai  
Children's Hospital Zhejiang University School of Medicine  
No. 3333 Binsheng Road, Hangzhou, China, 310053  
+8615024484181  
[jiabincai@zju.edu.cn](mailto:jiabincai@zju.edu.cn)

## RESPONSE TO JOURNAL EDITORIAL OFFICE AND REVIEWERS

(All comments are in italics)

### **Reviewer 03520161 comment:**

*Overall this is a nice case report, however it lacks novelty, This issue has already described in several case reports and measurements to minimize the risk for spinal cord injury following TACE are known such as performing selective catheterization and etc. The manuscript is disorganized, the section of case presentation should be organized without the subheadings in this section It is strongly recommended to include a summarizing table including all the cases that were reported to date.*

Response: We have reorganized the section of presentation without subheadings. According to your advice, we have added a table of cases reported.

An English Editing now is performed.

### **Reviewer 02461932 comment:**

*The authors presented a case of spinal cord injury after TACE in a child with clear cell sarcoma of the kidney. The patient suffered sensory loss below the T10 dermatomes and paraplegia. This complication after TACE is uncommon and is already well-known among radiologists. However, TACE is not common in children. Title: OK Abstract: OK Introduction: OK Case presentation: OK Discussion: Font size is not consistent. Conclusion: 'Detailed imaging examinations such as contrast CT and CBCT or 3D-DRA prior to and during surgery and low pressure to infuse lipiodol can be applied to help to reduce the complication rate.' ... This message is not supported by the presented case. Please delete it. Page 5, line 27, 'Few cases have been...' What kind of cases? References: OK Figures: Please annotate the lesion with arrows. Some readers might be unfamiliar with radiographic images. Indicate which is T1WI (should be the first image) and T2WI (the second).*

### **Response**

The sentence in conclusion was deleted. We now have added some arrows and indications in images."Few cases" are cases of paraplegia happened after TACE via renal artery. An English Editing now is performed.

**Reviewer 05314325 comment**

*Dear Authors, interesting case. This case report reflects what have been previously reported in the literature for TACE for unresectable HCC. However it could be interesting to describe the neurological status as well as also what the neurological consultant described after this paraplegia. Did the patient tried a period of rehabilitation? I also suggest to perform an English Editing. Thanks for your attention.*

**Response:**

Yes, we asked for a neurological consultant, and according their suggestion, we use methylprednisolone and methylcobalamin. Because of myelosuppression follow-up, the patient did not receive a regular rehabilitation. An English Editing now is performed.