

March 17, 2021

Editors

World Journal of Clinical Cases

RE: Resubmission of our manuscript (65465)

Dear Editors,

Thank you very much for your email with encouraging news regarding our manuscript. We also thank the reviewers for their positive/constructive comments and suggestions, which truly helped us to improve our manuscript. After incorporating the comments into the revised manuscript, I would like to re-submit it for your consideration for publication in World Journal of Clinical Cases. The amendments are highlighted in underlining with red background in the revised manuscript, and our point-by-point answers to the reviewers' comments are attached below.

Thank you again, and I hope that the revision is acceptable. I am looking forward to hearing from you soon.

All the best,

Sincerely yours,

Our responses to the reviewers' comments:

Reviewer #1

1. Please run a spell check and grammar check. There are some incorrect, repeated, and incomplete phrases in the text. For example:

a. (page 6) "Physical examination, physical examination showed tenderness at the sacral vertebrae, normal sensory and motor function of the extremities".

b. (page 6) "MRI showed that the sacrococcygeal abnormal signal shadow, with markedly more uniform enhancement".

c. (In discussion) "Currently, in terms of treatment, for patients with long bone CB, high speed grinding drills for complete scraping of tumor tissue and parallel bone grafting, bone cement filling or radiofrequency ablation can make it possible to achieve good long-term local control, low recurrence rate and excellent function^{28,29}, chemical (phenol) and electrocautery or cryosurgery can also be used as adjuvant therapy³⁰."

We fully understand the reviewer's concern and feel sorry for our carelessness. We have rephrased the sentences accordingly. (Please see Clinical summary-paragraph 2, Line 2-4; Please see Pathological findings-paragraph 2, Line 4-6; Please see Discussion-paragraph 6, Line 1-6)

2. Please insert a brief description of the imaging and pathology findings in the legends of the figures.

We fully understand the reviewer's concern and thank the reviewer for the constructive suggestion. We have inserted a brief description of the imaging and pathology findings in the legends of the figures accordingly. (Please see Figure Legends)

3. In the Abstract (Case presentation): "A 17-year-old male with sacral CB was misdiagnosed as CB during the first surgery (···)". I think it was not a misdiagnosis. If so, please correct it.

We fully understand the reviewer's concern and feel sorry for our carelessness. Due to our negligence, we mistakenly used the word "misdiagnosed", and now we have changed "misdiagnosed" to "diagnosed". (Please see Abstract-Case presentation, Line 1).

4. I don't agree with the description of figure 1 given in the text. I think it shows an osteolytic lesion with irregular margins and cortical breach.

We fully understand the reviewer's concern and thank the reviewer for the constructive suggestion. We agree reviewer's description of figure 1 and we have changed the description accordingly. (Please see Clinical summary-paragraph 3, Line 1-2)

5. I don't agree with the description of figures 2 and 4 given in the text. I think they show an irregular nodular lesion, with low T1 and high T2 signal, with avid enhancement. Figure 4 shows an interval increase in the lesion with presacral extension.

We fully understand the reviewer's concern and thank the reviewer for the constructive suggestion. We agree reviewer's description of figure 2 and 4 and we have changed the description accordingly. (Please see Clinical summary-paragraph 3, Line 2-4 and Pathological findings-paragraph 2, Line 4-6)

6. Could figure 2 be reduced to include only the sacrum and coccyx? I couldn't find any abnormalities in the lumbar vertebrae shown in the figures.

We fully understand the reviewer's concern. We have modified Figure 2 based on your opinion. (Please see the re-uploaded Figure 2)

7. In the discussion, "In addition, GCT and CB may be more difficult to identify if they are frequently associated with secondary ABC". Is identify the correct word here? I think "differentiate" would be a better word.

We fully understand the reviewer's concern and thank the reviewer for the constructive suggestion. We agree reviewer's comments and we have changed the word "identify" to "differentiate" accordingly. (Please see Discussion-paragraph 3, Line 16)

8. In the discussion "with extensive bone destruction and extensive tissue infiltration", the word extensive is repeated. I suggest "with extensive bone destruction and tissue infiltration."

We fully understand the reviewer's concern and thank the reviewer for the constructive suggestion. We agree reviewer's comments and we have delete the word "extensive" accordingly. (Please see Discussion-paragraph 5, Line 5-6)

9. In the discussion, "After contrast injection, tumor enhancement was evident, usually bordered by thin margins (less than 1 mm), and the above were similar to the imaging characteristics of our reported patients.". This phrase is a bit confusing. Could it be rephrased?

We fully understand the reviewer's concern and thank the reviewer for the constructive suggestion. We agree reviewer's comments and we have rephrased the sentence. (Please see Discussion-paragraph 5, Line 10-12)

Reviewer #2

1. The author(s) reported a unique case of chondroblastoma located in the sacral region. The manuscript is well-written, exploring all the necessary details of diagnosis and management. CB is a rare disease that usually affects long bones. The author(s)

described a unique presentation of the disease. The author(s) supported the manuscripts with sufficient references and graphical representations. Overall, the manuscript is worth publishing only after the author(s) clarifies the 'misdiagnosis issue'.

We thank the reviewer for these positive comments on our manuscript.

2. Despite that, the author(s) did not provide any unique management approach for the disease.

The current treatment for CB relies on complete tumor resection and conventional chemotherapy is often ineffective in CB patients, while radiotherapy can even cause disease malignancy. Due to the low incidence of this disease and the lack of systematic summaries of patient prognostic factors and reasonable risk stratification, there is a lack of specific treatments, but the development of some new technologies has led to a lower recurrence rate of CB and a better prognosis for patients, and in the discussion section we also present several treatments that have been used in clinical practice.(Please see Discussion-paragraph 6)

3.The author(s) also needs to clarify how the disease is misdiagnosed initially, as stated in the abstract.

We fully understand the reviewer's concern and feel sorry for our carelessness. Due to our negligence, we mistakenly used the word "misdiagnosed", and now we have changed "misdiagnosed" to "diagnosed". (Please see Abstract-Case presentation, Line 1). CB is indeed easy to misdiagnose and difficult to distinguish from several other diseases. To be able to distinguish CB from these diseases more clearly, we have elaborated in the discussion section.(Please see Discussion-paragraph 3)