Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Malignant Fibrous Histiocytoma of Bone in Traumatic Amputation Stump: A Case Report" (ID: 67260). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:
To Reviewer #1:The manuscript describes an unusual case of malignancy in an amputation stump. The patient also had a femoral lesion. How is that explained? It is a synchronous or a metachronous lesion? The relevant discussion should be added.

The amputated femoral of the patient shows two separated lesions in the greater trochanter and the residual. The two lesions are not connected by any intramedullary or extra-osseous tissue. This not not rare in musculoskeletal tumors[1]. In literature, this type of multiple lesions in one bone is usually described as skip metastasis or synchronous multifocal[1,2]. In contrast, metachronous lesion refers to new tumor developing after primary tumor or the initial treatment[3]. The diagnosis interval between the primary and the metachronous tumors ranges from 7 to 171 months[4]. Skip metastasis can occur in osteosarcoma, Ewing sarcoma and rarely in chondrosarcoma[5]. It is considered to be present if there is an area of marrow abnormality that had identical signal intensity characteristics to the primary tumour but is separated from the primary tumor by an area of normal medullary fat. Skip metastasis usually occur in the same bone as the primary tumour but are rarely identified in the bone on the opposite side of the joint, when they are referred to as trans-articular skip metastasis[6,7]. Synchronous multifocal lesion refers to more than one lesion at presentation without visceral metastasis[8,9]. Synchronous multifocal lesion has been reported in osteosarcoma, MFH and chondrosarcoma[2]. Whether skip metastasis(or synchronous multifocal) is metastasis in traditional thought or multicentric tumorigenesis lacks strong evidence for differential diagnosis. The patient described in our paper shows two lesions in his greater trochanter and the residual. The two lesions presented similar radiographic characters in magnetic resonance imaging, and also looked alike pathologically. Therefore, we think it more probable to be synchronous lesion.

The relevant discussion has been added to discussion.

Reference

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