Response to REVIEWER COMMENTS:

This paper showed the comprehensive treatment of maxillary fibrous dysplasia with orthodontic treatment. The paper are well written, but some parts should be revised.

Author's Reply: Thank you, esteemed reviewer, for accepting the manuscript and for your timely response. We appreciate your efforts and comments below which have immensely helped us improve the manuscript.

1. Was the biopsy performed after surgical recontouring of the dysplastic area before the beginning of orthodontic treatment?

Author's Reply: As mentioned in figure 1 legends, the biopsy was performed before the surgical recontouring of the dysplastic maxilla to confirm the diagnosis. Thank you for expert review, we mention the same clearly in the case report as well [comment 1, 02566756_Manuscript_Edited with reviewer comments]

The biopsy revealed trabeculae of mature bone with osteocytes in lacunae and rimmed by osteoid. The connective tissue was cellular and vascular, suggestive of the hamartomatous fibro-osseous lesion. The case was thus diagnosed as fibrous dysplasia for the maxillary right anterior segment. (Figure 1) In the first phase treatment, surgical recontouring of the dysplastic area was performed. Four years after surgery, while the lesion was resolved and adequate bone healing was achieved, the case was referred for the second phase treatment involving orthodontic correction of the residual malocclusion and restoration of smile aesthetics.

How did the authors decide to start timing of the tooth movement?

Thank you esteemed reviewer for your query.

The progression of fibrous dysplasia tapers off with puberty (as the skeletal maturity is achieved).[reference 20 added to the revised manuscript; comment 1, 02566756_Manuscript_Edited with reviewer comments)

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As mentioned in the discussion, *our patient was taken up for orthodontic management after completing the pubertal growth spurt (19 years age). Furthermore, four years post-surgery, there no further signs and symptoms of an active lesion. The OPG x-ray revealed less osseous but usually woven bone in the area of the lesion, indicative of successful healing.*

2. Authors said they avoided using TAD for tooth intrusion to prevent any trigger for reactivation of the lesion. The discussion should be included with proper reference.

Thank you for expert comment. This is a crucial point, well observed by you.

We have added the adequate justification along with the references to the discussion.

[comment 3, 02566756_Manuscript_Edited with reviewer comments]

A position correlation between increase in c-fos and fibrous dysplasia was described by Marie PJ et al.[21] Increase is c-fos gene has been related to post-traumatic fibrous dysplasia in a couple of case reports.[22,23] Therefore, to avoid the risk of transforming a quiescent lesion into an aggressively growing lesion, we planned to proceed with sequential orthodontic tooth movement, with light forces, without applying any direct forces to the bone (through micro-implants) and to monitor the lesion periodically.

Response to EDITORIAL OFFICE'S COMMENTS:

Response to (1) Science editor: Evaluation report of the first decision

1. Scientific quality: This manuscript analyzes a case of management of malocclusion in maxillary fibrous dysplasia. The topic is within the scope of the WJCO.

(1) Classification: Grade C (a single Reviewer);

(2) Summary of the Peer-Review Report: Fibrous dysplasia is a developmental, non-malignant bone disease, characterized by mixed fibrous and osseous entities. This manuscript describes the case of a 19-year female with inadequate display of teeth while smiling. The authors discuss the sequential management of the associated malocclusion with comprehensive fixed orthodontics and the special precautions necessary to prevent reactivation of the quiescent and healed lesion. The manuscript is well-written. However, the questions raised by the reviewers should be answered.

Thank you, Hon'ble Editorial office for accepting the manuscript and for your timely response. The comments from of our esteemed reviewer has been addressed below and also necessary changes have been made in the manuscript. We are immensely greatful as it has helped us improve the manuscript further.

The response to the reviewer's comments are attached in the end.

(3) Format: There are 6 figures and no table. All figures are of very good quality;

Thank you for appreciating remarks. The authors thrive to live up to the expectations of such reputed journal.

(4) References: A total of 19 references are cited, including only 1 reference published in the last 3 years. More references relevant to this study should be cited in the Discussion section;

Thank you for suggestions. Very rare reporting's have been made in context to Dental correction of Fibrous dysplasia, and only 1 case report was found after thorough literature search regarding orthodontic correction. 4 more references have been added to discussion, one of which is published in 2017.

(5) Self-cited references: There are no self-cited references. The self-referencing rate is less than 10%, which is acceptable;

Thank you for the valuing remarks.

(6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially those published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

Thank you. No such issues were observed. The peer review has been fair-minded and unbiased. We believe in the status of the reviewer and in the Editorial board in selecting the same.

2. Language evaluation: Classification: Grade A (a single Reviewer). The corresponding author claims that the manuscript has been reviewed for clarity by a colleague of the authors whose native language is English; however, no such certificate is provided along with the manuscript;

3. Academic norms and rules: The authors provided the signed patient's consent form, the signed Conflict-of-Interest Disclosure Form, according to which there are no conflicts of interest to disclose, and the signed Copyright License Agreement. No academic misconduct was found by the Google/Bing

search.

4. Supplementary comments: This is an invited manuscript. No financial support is mentioned. The topic has not previously been published in the WJCO.

5. Issues raised: No issues raised;

6. Re-Review: Required.

7. Recommendation: Conditional acceptance.

Thank you for the valuing remarks. We will abide by the decisions made by the editorial office

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Oncology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

Thank you, esteemed Editor-in-chief, for the acknowledgment. We are obliged by your timely review of our manuscript and accepting the same.