

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14329-review.doc).

Title: Unusual aggressive behavior of central giant cell granuloma following tooth extraction

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Name of Journal: *World Journal of Stomatology*

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The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) Reviewer 1. New images or photomicrographs are produced. 2 images are provided. 10X and 40X

(2) Reviewer 2

1. On the basis of history and clinical features such as 1. Loosening of teeth, 2. failure of healing of the extraction socket, 3. rapidly enlarging extraoral and intraoral swelling, we suspected malignant tumors as a provisional diagnosis. But, absence of parasthesia, absence of bleeding from growth on manipulation and the characteristic radiographic features like well defined periphery of the lesion, bony expansion with cortical thinning (no destruction) induced us to consider benign tumor as a clinicoradiological diagnosis.

In the present case, biochemical tests performed were serum calcium; phosphoric diagnosis. horus, alkaline phosphates, and parathyroid hormone the results of which were within normal limits. These tests were performed to rule out the brown tumor of the hyperparathyroidism which was one of our differential diagnoses. No specific biochemical tests were done.

2. Immunohistochemical staining was done which confirmed the diagnosis.

(3) Reviewer 3

1. Correction done in Figure 3

2. Figure 5 is replaced by new clear image. Two separate photomicrographs are provided. 10X & 40X.

3. there are several lesions which should be histologically distinguished from giant cell granuloma, such as giant cell tumor, aneurysmal bone cyst and other giant cell containing lesions. But, in the present

case immunohistochemical expression of cytokeratin in giant cells helped to confirm the diagnosis.

4. We agree with the reviewer's comment that intralesional steroid injection could be a good option. But, as per our protocol various treatment modalities including their advantages and disadvantages were explained to our patient. He was very apprehensive, willing for surgical treatment and was not ready for the treatment of long duration. Thus, considering surgery as the most accepted and traditional form of treatment for CGCG especially in the aggressive type and absence of any systemic disease which could complicate the surgical treatment, surgery was chosen as a treatment of choice in this case.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Stomatology*.

Sincerely yours,

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