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**Name of Journal:** ***World Journal of Clinical Pediatrics***

**ESPS Manuscript NO: 23167**

**Manuscript Type: Case Report**

Jan 04, 2016

Dear Editor,

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

**Title: Diagnosis of osteopetrosis in bilateral congenital aural atresia: Turning point in treatment strategy**

**Author:** Ritu Verma, Manisha Jana, Ashu seith Bhalla, Arvind Kumar

**Name of Journal:** *World Journal of clinical Paediatrics*

**ESPS Manuscript NO:** 23167

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's no***: 00503695: All corrections done and text formatted as said.

(2) ***Reviewer's no: 00503686:***

CT showed increase in calvarial hickness and loss of distinction of inner and outer table, this prompted a skeletal survey to know the status of rest of the bones that revealed generalized bony sclerosis. Biochemical analysis ruled out metabolic/ poisoning disorders and the characteristic Radiological findings suggested the diagnosis of ***ADOP.***

***(3) Reviewer's*** no: 00503689:

Irregularity of ossicles and erosion of tegmen with soft tissue density in middle ear Suggested the possibility of cholesteatoma which is seen to be associated, however the nature of the soft tissue was not confirmed as the patient was not operated. True that mesenchymal tissue may also have similar appearance.

Auditory stimulation BAHA was given as option but patient compliance was poor considering the limited benefits.

(4) ***Reviewer's no: 00503663***: Turing point because underlying unsuspected ADOP with narrowing of bilateral IAM and possible compression of cochlea in future changed the t/t plan from the complicated surgery to other options like BAHA.

The patient had significant hearing loss which was however not profound, she could hear loud speech/volume.

Yes intracranial complications may occur in future as tegmen was found to be eroded.

3) References and typesetting were corrected

Thank you again for considering our case for publication in the *World Journal of Clinical Paediatrics.*

Sincerely yours,
Dr Ashu Seith Bhalla
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