Dear Editor,

Here we submitted the revised Manuscript NO.: 84937, Case Report entitled “Posterior pedicle screw fixation combined with local steroid injections for treating axial eosinophilic granulomas and atlantoaxial dislocation in a 6-year-old boy”.

We thank you for your consideration of the manuscript for publication and thank the Reviewers for the insightful comments, which were not only scientifically meritorious but also extremely helpful in directing our efforts to enhance the scientific quality of this manuscript. We have attempted to address the Reviewers’ concerns and a detailed point by point response is provided below. The revised parts are highlighted in Red

We believe that the revisions following the Reviewers' advice have substantially improved the manuscript and we hope that the revised manuscript is suitable for publication.

Thank you for your consideration.

Best regards,

Chengquan Tu and Zhida Chen, Bin Lin

Reviewer #1:

1- Modifications must be made to the title of the paper so that it more accurately reflects the purpose for which the current study was conducted.

We have modified the title of the paper as requested, in order to better highlight the purpose of the research.

We have modified the title from "Posterior pedicle screw fixation combined with local hormone injections in the treatment of axial eosinophilic granulomas in a 6-year-old boy" to "Posterior pedicle screw fixation combined with local steroid injections for treating axial eosinophilic granulomas and atlantoaxial dislocation in a 6-year-old boy".

2- Shorten the abstract of the study to make it more attractive and easier.

We have trimmed the summary of the article by removing some lengthy sentences.

3- The introduction to the study consists of a single paragraph, which needs to be split into three. The first paragraph should highlight the significance of the current study, the second paragraph should describe the knowledge gap that the current study seeks to fill, and the third paragraph should review the research problem and how to solve it within the context of the current study’s objective.

We have revised the introduction into a three-part structure. In the first part, we highlighted the significance of the current research. In the second part, we described the knowledge gaps in the
current research. In the third part, we explained how we treated the disease.

INTRODUCTION

Eosinophilic granulomas (EGs) are rare granulomatous lesions that usually develop slowly without presenting with any clinical symptoms when they are in their early stages. Most lesions of EG are indolent, and they can affect the entire skeletal system. Numerous Longbones are the most common sites affected, and eosinophils and lymphocytes are involved in the inflammatory process. Bone EG has a mild tendency to occur, with a rate of 0.00001% - 0.000001%. In the late stages of disease, 1.0 - 3.0% of patients develop bone lesions. In the first part of the study, we explained how we treated the disease.

4- Add recent references to the CASE PRESENTATION section that support the methods used by the researchers in the following paragraphs: Physical examination, Laboratory examinations, Imaging examinations, and Surgical methods.

In response to this revision suggestion, we have incorporated the normal values of our own hospital laboratory's testing indicators and cited an article on the surgical methods for treating the disease.

Laboratory examinations:

According to laboratory testing, the regular blood and procalcitonin levels were normal. The hyperthyroidism C-reactive protein (CRP) level was 21.78 mg/L, and the erythrocyte sedimentation rate (ESR) was 78 mm/h.

TREATMENT

The patient was admitted to complete the relevant examinations and was performed biopsy to clarify the cause. Figures 3 shows the hypereosinophilic syndrome in which a typical case of eosinophilic granuloma was calculated. Regular biweekly X-rays were taken to assess the decrease in hypereosinophilic syndrome: following treatment, and the tumor size and weight were promptly adjusted. We employed partial excision to remove spinal stability while simultaneously administering local corticosteroid injections to treat the eosinophilic granulomatous lesion.


5- In the final paragraph of the discussion section, the strengths and limitations of the current study and the future directions of the current study should be described.

In the last paragraph of the discussion section, we added the advantages and limitations of the study as well as the future development directions for this research.
6- I don't think it is necessary to include these subheadings (Clinical characteristics, Treatment strategy) in the discussion section, so I encourage authors to keep the paragraphs while eliminating the subheadings.

We have removed the subheadings in the discussion section, including Clinical characteristics and Treatment strategy.

7- Rewrite the study's conclusion to elucidate whether the research problem was resolved; in other words, did the current study accomplish its objective? This issue should be addressed within the study's conclusion.

In accordance with the reviewers' comments, we have rewritten the conclusion, highlighting the effective treatment of the boy's disease and the satisfactory resolution of clinical issues.

8- Some references are old and require revision. I recommend using references from within the past five years.

Regarding this point, due to the low incidence rate of this disease and the lack of standardized treatment methods, some relevant literature may be relatively outdated. We have tried our best to select the most up-to-date references. We hope for your understanding.

Reviewer #2:

The authors present a case report of clinical interest, which is illustrated by interesting images and follow up. The subject falls within the scope of the journal. Description and discussion of the findings are well done and well-founded. The bibliography is pertinent and current, however can be expanded (see attached file). The text needs improvement, and the wording should be comprehensively reviewed. Excerpts that deserve special attention were marked in yellow in the attached file.

We have made modifications to the language and wording as per the reviewers' suggestions, and added relevant literature as suggested by the reviewers.
Langhans cells are observed with a tetratoid mixture of fine lamellate and acidophilic cytoplasm with some nuclear argyrophilic and variable argyrophilic activity. On the other hand, immunohistochemical study reveals the presence of Pulfrich granules, positivity for S-100 and CD1a, immunopositivity: current data. Langhans cell histiocytosis in a 3-year-old girl: a case report and literature review. Pol J Pathol. 2009;60(1):134-137. [PMID: 19869807].


Figures 1(a, b, c, d). Axial T1-weighted images show the supratentorial mass with heterogeneous signal intensity.|

Figures 2(a, b, c, d). Axial T1-weighted images show the supratentorial mass with heterogeneous signal intensity...

Figures 3(a, b, c, d). Axial T1-weighted images show the supratentorial mass with heterogeneous signal intensity...

Figures 4(a, b, c, d). Axial T1-weighted images show the supratentorial mass with heterogeneous signal intensity...
Round 2

Reviewer#1: the archive Answering Reviewers was identical to Manuscript file. The authors made a mistake.

Answer: We apologize for an inconvenience caused. We have provided the correct “Answering Reviewers”.

Reviewer#2: Dear Authors, The method you used to amend the paper is unclear, making it difficult for my task as an arbitrator to determine whether the required amendments were made or not, as I expected to find a clear and logical response to each of the amendments I requested separately (point by point response), or at the very least to change the font color of the places where the modifications were added in the revised version of the article. All of this is missing from the manuscript, and I cannot accept it unless the author(s) accomplish what is necessary in a transparent manner. //Good Luck//

Answers: We apologize for an inconvenience caused. We have provided the correct “Answering Reviewers”. The revised parts are highlighted in Red We believe that the revisions following the Reviewers’ advice have substantially improved the manuscript and we hope that the revised manuscript is suitable for publication. Thank you for your consideration.