

Dear BPG Editorial Office,

We are pleased to submit our revised manuscript entitled “Percutaneous cervical cordotomy for managing refractory pain in a patient with Pancoast tumor-A Case Report” to the *World Journal of Clinical Cases*. We appreciate the clear instruction provided for us to revise our manuscript. The English writing has been polished by the Enago company. Here is our response to the reviewer’s comment.

Comment from the Reviewer

Authors presented a case report: Percutaneous cervical cordotomy for managing refractory pain in a patient with Pancoast tumor.

In fact, cancer-related symptoms including severe pain are increasingly and intractable problems, it was reported that a pioneering approach was proposed to treat intractable pain by using the spinal dorsal root entry zone (DREZ) incision technique to destroy secondary sensory neurons for it. For this case, it is significant in clinical practice. I recommended it may be accepted upon some corrections.

1. unresponsive→unresponsive
2. if authors offer more specific location of cervical cordotomy, it is better.
3. If authors offer pathological examination (HE), it is better.

Response

1: Thank you for your experienced and intelligent pain managing strategy. And we do appreciate your precise wording! We have corrected that word in the introduction of our case report.

2: For a more comprehensive illustration of cordotomy, we have added Figure 3C to depict the cross-section of C1-2 cervical cord. We appreciate your reminder.

3: For the pathological evidence, we added an HE stain in Figure 2.

We are sincerely grateful to present a more comprehensive article in this revised manuscript.

Best Regards,

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