Dear Editor and Reviewers:
Thank you for taking the time to review our manuscript. We greatly appreciate the valuable comments and feedback given. We have since revised our manuscript accordingly, and have made sure all questions and issues raised have been addressed. Attached below are detailed responses to the Reviewers’ comments. The latter are marked in black, and our responses shown in blue.

Please kindly let us know if you have any further questions or concerns regarding the manuscript, and we would be delighted to address them.

Sincerely,
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Reviewer #1: This case report described a successful surgical management of a 10-year-old girl with SBC presenting with a pathological fracture and other complications. This approach offers an ideal option for such cases, while it still has some defects which were shown below.

1. The wording should be modified to be more precise and understandable, and the composition and typeface should be unified.

Response:
Thank you for the reminder. This article has been professionally edited by an English language editing company and a native English-speaking expert to refine the manuscript. Please refer to the attached document, which includes the language certificate for your detailed review. We have utilized a yellow color to emphasize the revised or added content within the revised manuscript.

2. What about the examination of the nervous system, are there abnormal neural reflex or sensation?

Response:
We appreciate the prompt notice. We conducted a neurological examination and did not identify any abnormal neural reflexes or sensations. Additionally, no focal neurological signs or symptoms were observed. The information regarding the neurological examination can be found in the "manuscript-revised-clean" on page 6, lines 116-117, and in the "manuscript-revised" on page 6, lines 136-137.

3. What about the index for rheumatology or tumor?

Response:
Your timely reminder is duly noted and appreciated. Our blood panel included a tumor marker workup comprising alpha-fetoprotein (AFP), cancer antigen 125 (CA125), carbohydrate antigen 19-9 (CA19-9), prostate-specific antigen (PSA), and carcinoembryonic antigen (CEA). All values were found to be within normal limits. However, we did not include a rheumatology index in the analysis. Further details can be found in the "manuscript-revised-clean" on page 6, lines 121-124, and in the "manuscript-revised" on page 6, lines 141-144.

4. One year after the implant removal surgery, are there any improvement for motor fitness and assessment for growth arrest?

Response:
Thank you for the suggestion. One year after the implant removal surgery, the patient has achieved full active range of motion (as detailed in the modified Table 1) and normal muscle power in the left shoulder. The patient can independently carry out daily activities, including dressing, without any limitations, and is capable of performing motor milestone actions consistent with her age.

Moreover, the length discrepancy between the two upper limbs prior to surgery was notable, with the left side being around 4-5 cm shorter than the right. Following the acute correction procedure, the left side's length discrepancy was successfully adjusted to 2 cm. This correction has been consistently maintained, with the left side
remaining 2 cm shorter than the right, even one year after the implant removal surgery.

For further details, please refer to "manuscript-revised-clean" on page 7, lines 164-169, and "manuscript-revised" on page 8, lines 188-194.

Table 1. The preoperative and postoperative active range of motion (ROM) of left shoulder

<table>
<thead>
<tr>
<th></th>
<th>preoperative active ROM</th>
<th>postoperative -1 month active ROM</th>
<th>postoperative -1 year active ROM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexion</td>
<td>70°</td>
<td>176°</td>
<td>180°</td>
</tr>
<tr>
<td>Abduction</td>
<td>80°</td>
<td>175°</td>
<td>180°</td>
</tr>
<tr>
<td>External rotation</td>
<td>45°</td>
<td>90°</td>
<td>95°</td>
</tr>
<tr>
<td>Internal rotation</td>
<td>10°</td>
<td>65°</td>
<td>75°</td>
</tr>
</tbody>
</table>

5. Are there any medication therapy besides the surgery?

Response:

Thank you for raising this issue. There exists a lack of consensus and guidelines regarding the optimal timing and approach for the treatment of simple bone cysts (SBCs). According to Ahn et al. (1994), factors influencing the treatment decision for SBCs encompass the patient's age, cyst size, loculation degree, cortical erosion extent, cyst staging, and its activity status. Treatment modalities for patients with symptoms or large lesions at risk of pathological fractures include the injection of steroids and bone marrow, mechanical disruption of the cyst, structural support, decompression of the cyst, or a combination these.

Surgery may be warranted in cases of open or unstable fractures, complete dislocation, or involvement of joints. In our case, the patient presented with an old, displaced pathological fracture at the left humeral neck, resulting in subsequent issues of limb length discrepancy and angular deformity. Surgical intervention for limb lengthening and angular correction was deemed necessary for functional recovery. The surgical procedure achieved definitive cyst therapy, rendering additional medication therapy unnecessary.

References