Author's response to reviews

Title: Solid type primary intraosseous squamous cell carcinoma in the maxilla: report of a new case

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Author's response to reviews: see over
Dear Sir

Thank you for the kind comments and helpful suggestions from your editorial team regarding improvement of our article “Solid type primary intraosseous squamous cell carcinoma in the maxilla: report of a new case” by M. Iino et al. We have revised our manuscript in accordance with their suggestions. The answers to their questions are provided in a point-by-point fashion in this enclosure. We hope that our manuscript is now acceptable for publication in the *BMC Ear, Nose and Throat Disorders*. We look forward to hearing from you at your earliest convenience.

Yours sincerely,

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According to the reviewers’ comments, we have made several revise as below.

Reviewer 1 (Dr. Van der Waal)
1. The text of all sections is much too detailed for a relatively simple case report. Please reduce with some 50%.

   Comment
   The content of the manuscript (from the introduction to the discussion) was reduced with about 57% (from 1196 words to 676 words.).

2. There are too many references.

   Comment
   The quoted papers were reduced from 16 to 9.

3. Delete figs. 3, 4b, 5 and 6, since they have not much relevance. Note that the figure numbers as mentioned on page 13 are different from the numbers that are printed on the pictures themselves.

   Comment
   Figs. 1, 3, 4B, 5, and 6 were deleted.
Reviewer 2 (Dr. Matsuzaki)

1. Radiographically, panoramic radiography is unsuitable for observation of anterior part of jawbones.

Comment
Panoramic radiography (Fig.1) was deleted.

2. Although opinions might be divided, I am difficult to agree that this case is "de novo". In this case, some incisor teeth were extracted. Therefore, it is difficult to deny the possibility of the presence of the aberrant epithelial tissue, from tooth extraction.

Comment
The sentence “This tumor is thought to arise by direct malignant transformation of odontogenic epithelial rests such as remnants of dental lamina, and reduced enamel epithelium surrounding unerupted/impacted teeth.8) In this case, the teeth #11 and 12 were removed before the first visit. Therefore, some aberrant epithelial tissue including the rests of Malassez is also the possible origin.” was added in the discussion (Page 5; line 7-11).