Author's response to reviews

Title: Chondroblastoma of the cuboid with an associated aneurysmal bone cyst- A Case Report.

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Author's response to reviews: see over
**Point by point response to the queries of reviewers.**

**Our responses to the comments of the authors are written in red.**

**Reviewer 1**

The authors never provide a definition of what is a chondroblastoma and how it is differentiated from other bone tumors. *Definition already mentioned in the first paragraph of the introduction.*

Tetralogy of Fallot is the correct spelling *Spelling Corrected*

Why and how was dorsiflexion affected? Please explain. What was the status of weak dorsiflexion post-op? *Already Explained. Dorsiflexion was not affected by the disease process itself but was affected secondary to pain.*

Fig 1 very poorly reproduced, not useful in the current format. *Converted the format of the image. Looks good now.*

Please indicate with an arrow the fluid level in Fig 2; showing the foot in a different position with a displacement of the fluid level would be more convincing. *Fluid level marked with an arrow. The MRI was taken only once and hence the displacement of the fluid level cannot be shown unless we had done the MRI on the foot in a different position.*

Similarly for the chicken wire calcification in Fig 3a, provide arrows pointing to the anomaly. Fig 3c not necessary. Specify in the text which figure you refer to (e.g.: Fig 3a or 3b) *Chicken wire calcification has been marked with an arrow and references to the images in the text corrected.*

If recurrence is 100%, maybe a longer follow up need to be reported before closing the case. What kind of follow up has been organized in this case? *Plan of follow up has been added in the last paragraph of the under the heading case report. An image of a more recent radiograph of the foot has also been added to the figure. This radiograph was taken on the patients follow up visit on the 21st of July 2007.*

**Reviewer 2**

There are many mistakes in this paper. The reference list is incomplete and with a lot of mistakes and irregularities in citation. The analysis of the literature stops in the year 2000. The paper of Sessions et al. 2005 is not cited. *Mistakes and irregularities from the reference list have been removed. and the reference list has been updated as well.*
In the paragraph "Background" there is only described the case. We have changed the heading Background to Case Report. As there is no set pattern to the format of case reports authors have used different headings for same components of case reports. Any further suggestions are more than welcome.

The lesion was only curetted using a high speed burr. no adjuvant therapy is mentioned (e.g. phenolisation, cryotherapy). Treatment for chondroblastoma is very variable. However, it has been showed in the literature that recurrence is not affected significantly by the method of treatment used. A.J.Ramapa et al reviewed 73 cases of chondroblastoma and concluded that surgery more aggressive than curettage and packing with polymethylmethacrylate is not warranted due to the associated complications.

There is no sufficient discussion concerning the problems of bone grafting and/or bone cement filling. A paragraph concerning the problems of bone grafting and cement filling added to the discussion

The diagnostic tools should include CT and MRT. Sessions et all has also used MRI as the diagnostic tool. In our set-up most patients do not have any health -insurance. Hence we have to limit our investigations in the interest of cost containment. We opted for MRI in this case to have a better view of soft tissue extension of the tumor. MRI is ordered to see if there is any soft tissue involvement which we would end up doing in any case even after a CT and due to lack of resources most of the patients cannot afford the burden of extra investigations.

In the legend of fig. 1d they write "... filling with bone cement" and in the text of the paper they write "...filling in by cancellous bone graft ...". This mistake has been removed and the statement has been re-confirmed by comparing it with the patient’s confidential record.