Author's response to reviews

Title: Metastatic ameloblastoma responding to combination chemotherapy: case report and review of the literature

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Author's response to reviews: see over
### Reviewer: Hilda Wong

<table>
<thead>
<tr>
<th>Comment</th>
<th>Correction proposed</th>
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<tbody>
<tr>
<td>Histological features, which are key to the diagnosis of the disease, should be described in more detail</td>
<td>It appeared as strands of peripheral columnar cells in palisading orientation. The fibroblastic tumor-associated stroma was dense in collagen fibers and highly infiltrated by inflammatory mononuclear cells. No histological signs of malignancy were observed.</td>
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<tr>
<td>The evolution of the definition of ameloblastoma could be emphasized, and the historical designation of adamantinoma briefly mentioned.</td>
<td>Ameloblastoma, from the English word “amel” meaning enamel and the Greek word “blastos” meaning germ, is a rare entity of benign odontogenic tumors. It arises from the epithelium of the dental lamina and it is known by its local aggressive behavior and the high recurrence rate. Ameloblastoma was first described in 1827 by Cusack. In 1885, Malassez introduced the name “Adamantinoma” (which is a rare bone cancer described by Fisher in 1913). It was renamed to its current denomination by Churchill in 1930.</td>
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<td>Figure 2 and 3 can be combined to be concise. Grammatical and spelling mistakes should be avoided. (Past or present) should be used when reporting the case. Spelling mistakes: &quot;published&quot;, &quot;active&quot; etc.</td>
<td>Done</td>
</tr>
</tbody>
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### Reviewer: Shailesh Bondarde

**Comments to authors:** Article looks ok