Dear Editor-in-Chief,

Thanks for the opportunity to resubmit our paper #BMSD-D-19-00066R1 entitled "Multicentric, multifocal, and recurrent osteoid osteoma of the hip: first case report" to be considered for publication in BMC Musculoskeletal Disorders. We have carefully read the reviewers’ comments and we believe that we have responded substantively to all of them. We hope we can anticipate a favourable editorial decision.

Specifically

Reviewer #1:

Comment 1: Discussion, line 154, "To date, there is still no agreement for the most suitable management…", It can be stated that RFA has been the gold standard in the last years (at least 10/15 years). I also suggest to mention MRgHIFU as an emerging technique, with significant advantages over RFA.
Answer 1: we thank the reviewer for his comment. As suggested, we have discussed the potential role of MRgHIFU in this setting.

Comment 2: Title, and Discussion line 125 - "In our case, the patient was affected by OO which was both multicentric, since it involved the femur and the acetabulum, and multifocal, due to its double localization in the anterior and posterior acetabulum". According to the definition reported by the Authors (line 117) "In 1970, Schajowicz originally defined this lesion [9]…", it is not clear if this is a case with 3 osteoid osteomas or a case with multicentric, multifocal... (Are the ones in the acetabulum both "enclosed in a single block of sclerotic bone"?)? Perhaps a coronal/sagittal or oblique CT view (figure) may help and be added. In case this is not multifocal, I suggest to revise the article accordingly.

Answer 2: again, we thank the reviewer for his suggestion. Actually this was a case of multifocal and multicentric OO and those in the acetabulum were not enclosed in a single block of sclerotic bone. Thus, to better convey our message, we have removed that sentence and the 9th reference from the text.

Reviewer #2:

Comment 1: Is osteoid osteoma in the posterior part of the acetabulum shown in Fig. 3 recurrent or one of the multiple tumors? When a lesion in the posterior part of the acetabulum is diagnosed as a recurrent tumor, what is the reason?

Answer 1: we thank the reviewer for his comment. The osteoid osteoma in the posterior part of the acetabulum shown in Figure 3 is the recurrence of the osteoid osteoma previously overlooked and treated with RFA. Recurrence after treatment is a possible complication, although generally it is the outcome of an incomplete resection rather than a true recurrence. In these cases, as in our patient, the recurrence is identified on the basis of clinical picture and CT/MRI findings; a re-treatment with RFA generally results effective. We have modified the text to better clarify this point.

Comment 2: Multicentric bone osteoid osteoma has already been reported, but what is the reason for the first report? RF for osteoid osteoma is standard treatment and recurrence after its treatment is not uncommon.

Answer 2: we fully agree with the reviewer’s comment. This is the first case of an osteoid osteoma which is both multicentric and multifocal, since previous papers reported few cases of multicentric or multifocal OO, but none described a case with both characteristics. We have replaced from the discussion the sentence “recurrence after treatment is another uncommon event after OO treatment” with “recurrence after treatment is another possible and well-known event after OO treatment”.

Comment 3: Please clarify the arrow because the curved arrow is too small to see.

Answer 3: we agree with the reviewer’s comment. As suggested we have modified the curved arrow.

We are submitting our revised manuscript marked with tracked changes.
We thank the reviewers for their valuable comments.

The Authors