Author’s response to reviews

Title: A case report of a rare rib lesion due to parosteal osteosarcoma

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Author’s response to reviews:

Reviewer reports:

Reviewer #1: 1. Do you believe the case report is authentic? Yes, we believe that the case report is authentic.

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.

Comments: We do not have any ethical concerns and we declared that under the heading of “Consent for publication”.

3. Does the Introduction explain the relevance of the case to the medical literature?

Yes

4. Does the article report the following information? Where information is missing, please specify.

a. The relevant patient information, including:
- De-identified demographic information (age, gender, ethnicity)
- Main symptoms of the patient
- Medical, family and psychosocial history
- Relevant past interventions and their outcomes

b. The relevant physical examination findings

c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.

d. Diagnostic assessments, including:
   - Diagnostic methods
   - Challenges (e.g., financial, language/cultural)
   - Reasoning and prognostic characteristics (e.g., staging), where applicable

e. Types and mechanism of intervention

f. A summary of the clinical course of all follow-up visits

Comments: a. Patient’s medical, family and psychosocial history is missing

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?

Comments: parosteal osteosarcoma of the rib and reconstruction of the chest wall rare in literature. We try to give more information about differential diagnosis.

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Yes, the anonymity of the patient is protected.

7. Is the Abstract representative of the case presented?
Comments: We think that abstract gives a short information about the case and makes an interest on the reader.

8. Does the case represent a useful contribution to the medical literature?

Comments: The case is rare in medical literature we tried to make as much use as possible.

9. Additional comments for the author(s)?

No, thanks…

Reviewer #2: 1. Do you believe the case report is authentic?

Yes

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.

Comments: We do not have any ethical concerns and we declared that under the heading of “Consent for publication”.

Please ensure and mention that proper ethical and patient approval was obtained before sending the case report for publication.

3. Does the Introduction explain the relevance of the case to the medical literature?

Yes

4. Does the article report the following information? Where information is missing, please specify.

a. The relevant patient information, including:

   - De-identified demographic information (age, gender, ethnicity)

   - Main symptoms of the patient
- Medical, family and psychosocial history

- Relevant past interventions and their outcomes

b. The relevant physical examination findings

c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.

d. Diagnostic assessments, including:

   - Diagnostic methods

   - Challenges (e.g., financial, language/cultural)

   - Reasoning and prognostic characteristics (e.g., staging), where applicable

The histopathological figures are essential in this case.

e. Types and mechanism of intervention

f. A summary of the clinical course of all follow-up visits

Comments: a. Patient’s medical, family and psychosocial history is missing

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?

Comments: parosteal osteosarcoma of the rib and reconstruction of the chest wall rare in literature. We try to give more information about differential diagnosis.

The discussion should include details of differential diagnosis both histopathological and clinical and should mention points how they were excluded. The authors have only given passing reference of few differentials.

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Yes
7. Is the Abstract representative of the case presented?
Comments: We think that abstract gives a short information about the case and makes an interest on the reader.

Yes

8. Does the case represent a useful contribution to the medical literature?
Comments: The case is rare in medical literature we tried to make as much use as possible.
It is a rare case and should be considered in such type of swellings

9. Additional comments for the author(s)? No, thanks.