

## Review Form 1.6

Sir/

Journal Name:	<a href="#">Asian Journal of Case Reports in Surgery</a>
Manuscript Number:	Ms_AJCRS_83961
Title of the Manuscript:	GIANT CELL TUMOUR OF LOWER END OF TIBIA
Type of the Article	CASE REPORT

### General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<https://www.journalajcrs.com/index.php/AJCRS/editorial-policy> )

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### PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Compulsory</b> REVISION comments	<p>First, I would like to express sincere gratitude to get the opportunity to review your manuscript.</p> <p>The effort of the author is appreciated, as the topic is interesting and promising. Congratulation for your results.</p> <p>After assessing the manuscript, the following issues raised my concern or represent suggestions that could in my opinion improv the quality of the manuscript:</p> <ul style="list-style-type: none"><li>- In terms of grammar the manuscript needs some changes, there are also large structures that in my opinion could be divided in smaller one to be more readable. Please reassess the typing and punctuation.</li><li>- Regarding the introduction section of the manuscript there is no data mentioning the rate of recurrences based on the procedures. Please also address this topic as it is relevant.</li><li>- In the introduction section you the manuscript you mention “7 months follow up” and you. performed the surgery in May 2020 (I understand from the case report section) so the last FU was more the 14 months ago?</li><li>- “According to the radiological classification of Campanacci the tumour was classified as a grade 3 lesions (10)” so aggressive?</li><li>- Did you perform intraoperatively fresh frozen section for histopathological examination?</li><li>- The decision to perform a curettage and bone grafting was based on the macroscopic aspect of the tumor?</li><li>- What about procedures to reduce the risk for local recurrence, various local adjuvants such as cryosurgery, phenol, bone cement, zoledronic acid, hydrogen peroxide (H2O2) and argon beam, and systemic treatments such as bisphosphonates, interferon alpha (IFN-a), and denosumab have been reported, what is your opinion? Did you used intraoperatively a high-speed burr?</li><li>- Please update the reference list where it is possible.</li></ul> <p>As a personal opinion a regular follow-up if the patient is still needed.</p>	<p>Data on recurrence rate of the procedure: page 3, para2</p> <p>The patient was on regular follow up for 7 months. After that patient was not ready for follow up even though we insisted.</p> <p>Imaging showed cortical breach of anterior cortex of distal end of tibia. That is why I classified it as grade 3. (Page 4, reference 10)</p> <p>We didn't perform an Intra operative frozen section.</p> <p>The decision to perform curettage and bone grafting was made preoperatively based on MRI. Even though there was a cortical breach, periosteal reaction and soft tissue extension was absent.</p> <p>We didn't use any local adjuvants. We completely curetted the lesion and meticulous haemostasis achieved with cautery.</p> <p>We contacted him over phone and he is doing well.</p> <p>The reference list is updated</p>
<b>Minor</b> REVISION comments		
<b>Optional/General</b> comments		

### PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	(If yes, Kindly please write down the ethical issues here in details)	