Review Form 1.6

Journal Name:	**Journal of Advances in Medicine and Medical Research**
Manuscript Number:	**Ms_JAMMR_82083**
Title of the Manuscript:	**Are osteoid osteoma and ankylosing spondylitis in some way linked? A case report**
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.
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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)*
Compulsory REVISION comments	I have been invited to review the paper : Are osteoid osteoma and ankylosing spondylitis in some way linked? A case report	**Dear Dr, thank** you very much for reviewing our paper.We appreciate the time and effort that you dedicated to providing feedback on our manuscript and we also greatly appreciate your insightful comments on different aspects of the paper.
	Thank you for the oppurtunity to comment of this paper.	
	The authors report on 2 COMPLETELY DIFFERENT DISEASES, trying to find similarities between them. The patient had OO of the T12 vertebra and 2 years later diagnosed with ankylosing spondylitis in the sacroiliac joint.	
	Osteoblastic tumors are different entities, there is NO SIMILARITY with all rheumatoid inflammatory diseases. The statement, **that** there **is the necessity to assess for sacroiliitis in patients with osteoid osteoma** CANNOT BE JUSTIFIED.	- It is true that there is no similarity, but clinically and radiologically they can mimic each other for the spine location.
	When reporting **recurrence** of OO as a cause of pain and stiffeness, it is expected in the **SAME** anatomical position and not a different place.	-Thank you for pointing this out. In our case, the chief complaint was almost the same (spinal pain and stiffness) for both conditions. AS you know sacroiliitis is an ASAS criterium for the diagnosis of ankylosing spondylitis, but it could be asymptomatic itself, and as it's a systemic inflammation most of patient's presenting symptom is back pain . Hence the need to assess for it in the sitting of inflammatory back pain.
	Surgical treatment of OO, TODAY is performed with ablation or with a minimal invasive surgery AND NOT WITH AN OPEN PROCEDURE, as the one that is shown in figures.	-Thank you, we totally agree with you. We mentioned in the introduction (.. many options are available ranging from classic open surgery to minimally invasive such as percutaneous excision, laser coagulation, radiofrequency ……). For our case, it was a dorsal spine pedicular location with potential neurological risk, open procedure was preferred.
	Did the authors investigate at the initial diagnosis of OO, the SI joint, since this is a chronic disease and NOT an acute one?	- You make a valid point. At first patient's presentation with back pain, and since imaging revealed an OO, we focused on it, we did not perform Xray for sacroiliac joints.
	In discussion there is a mixture of osteoid osteoma and osteoblastoma, regarding the 2 cases reported from the literature.	
	In discussion the authors report similarities between the bone formation around the nidus of the OO and the reactive bone formation of arthritis.	-It is true, as OO is an osteoblastic tumor.
	There are many innocent case of bone formation, like osteophytes. Bone formation in tumors, in fractures, cannot be related with OO!	- Thank you for pointing this out. On spine plain Xray, both of them can mimic each other by causing a focal osteosclerosis.
	Inflammatory process similarities are found in ALL DISEASES with pain and inflammation and NOT ONLY BETWEEEN OO AND SI.	-we agree with you for peripheral bones (long bones), for our case we focused on the spine.

	Remission process is different between OO and SI. Stiffness is the major hallmark in SI while PAIN is the predominance factor in OO. Regarding the use of biological factors in OO, ARE THERE ANY REFERRALS IN THE LITTERATURE? ANTI INFLAMMATORY MEDICATION IN OO has been used in cases of severe restriction for surgical intervention. Ablation or minimally invasive procedures with removal of the nidus remain the standard treatment for OO. They can present the clinical similarities between the 2 entities and report that ankylosing spondylitis presented with different clinical and radiological findings, after the treatment of OO, POSSIBLY becaused the initial symptoms were milder than the symptoms of the OO	-We agree with the reviewer, in our case inflammatory process is only one aspect among others. -We agree, but remission is based mainly on pain scores and acute phase reactants (ASDAS score for A.S) -No referral in the literature, it is just a suggestion for future research, based on the possibility of OO faster regression on NSAIDS. -We totally agree that first choice treatment is ablation or minimally invasive procedures. However spontaneous regression was reported by some authors (reference 20), such regression can be shortened with NSAIDS. - Thank you for this suggestion. We think that we could not consider a pre-existing Ankylosing spondylitis since the patient for 2 years following OO removal did not experience any symptom and carried on a normal life.
Minor REVISION comments		
Optional/General 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)*	