

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. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<https://www.journaljammr.com/index.php/JAMMR/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)
Compulsory REVISION comments	<p>Thank you for the opportunity to read and review this manuscript. There is some general concern about the methodology of work.</p> <p>Keywords: I suggest changing the keyword: “ankylosing spondylitis”. It is already present in the title.</p> <p>Abstract: It is not clear which outcome measure was used to assess the pain (or function) of the patient. Please add.</p>	<p>Dear Dr, thank you for the opportunity to revise our paper. We appreciate the time and effort that you dedicated to providing feedback on our manuscript and are grateful for the insightful comments on revising the keywords, abstract and other aspects of the paper and valuable improvements to our paper.</p> <p>Thank you! We found your comments extremely helpful and have revised accordingly.</p> <p>-Keyword: “ankylosing spondylitis” changed. The revised text reads as follows on [osteoid osteoma, osteoblastoma, sacroiliitis, dorsalgia, biological agents]</p> <p>-Abstract: We added the pain score (V.A.S), and back pain functional score. . The revised text reads as follows [the patient presented with an inflammatory back pain. Visual analogic scale of 7/10 and stiffness, The Back Pain Functional Scale (BPFS) was 30/60, suggesting a recurrence of the spinal osteoid osteoma (OO)]</p>
Minor REVISION comments	<p>Introduction: Add reference: To the best of our knowledge, only two case reports of bilateral sacroiliitis in association with osteoid osteoma have been reported</p> <p>What was the outcome measure adopted to decide the surgery (e.g. “Giving the severity of the pain interfering with the patient’s daily life”, please add the validated outcome used)</p> <p>It is not clear what happened from the first consultation (2 years back) and the decision of the surgery. It was considered as a first choice the conservative treatment? If yes, what was the treatment? Dosage, etc.</p> <p>I suggest adding the timeline relevant to the case study and the patient’s perspective.</p> <p>I suggest declaring the limits of the case report.</p> <p>Patient consent: having it orally is not enough, in my opinion. What about the Ethics Committee approval?</p>	<p>- Thank you for this suggestion. As suggested, References added : To the best of our knowledge, only two case reports of bilateral sacroiliitis in association with osteoid osteoma have been reported (3,4). Moreover,</p> <p>- Thank you for this suggestion. As suggested, Outcomes measures added: . “Giving the severity of the pain (VAS pain score 8/10) interfering with the patient’s daily life (BPFS: 20/60)”. Surgery was decided also on the basis of), pedicular location with potential neurological risk.</p> <p>- Thank you for this suggestion. We added timeline as suggested [We report a case of a 35 years-old male, who attended our clinic in September 2021, with the complaint of a progressive and persistent inflammatory back pain]. Kindly note that after undergoing surgery which was decided upon pedicular location, pain severity and stiffness temporarily relieved with NSAIDS, there was a 2 years pain free period, before spinal pain and stiffness re-appear.</p> <p>- Thank you for pointing this out . We have added this [Giving the above findings which outlined multiple similarities, and despite some limitations, such as lack of ability to generalize, difficulty to establish relationship and over-interpretation, we believe that it may be assumed that there is a shared background between AS and OO].</p>

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		<p>-- Thank you for pointing this. We acknowledge that it would be preferred to obtain a written consent, which was not possible in our case. However, our case report does not contain sensitive information, and is not a potential risk to patient privacy or to the journal. Details have been removed from this case description to ensure anonymity.</p> <p>In our country, ethics committee approval is still a very long, discouraging, and complex process.</p>
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)	