

## Review Form 1.6

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| Journal Name:            | <a href="#">Journal of Advances in Medicine and Medical Research</a>             |
| 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) |
|-------------------------------------|---|---|
| <b>Compulsory</b> REVISION comments | <p>I have been invited to review the paper : <u>Are osteoid osteoma and ankylosing spondylitis in some way linked? A case report</u></p> <p>Thank you for the opportunity to comment of this paper.<br/>The authors report on 2 COMPLETELY DIFFERENT DISEASES, trying to find similarities between them.<br/>The patient had OO of the T12 vertebra and 2 years later diagnosed with ankylosing spondylitis in the sacroiliac joint.<br/>Osteoblastic tumors are different entities, there is NO SIMILARITY with all rheumatoid inflammatory diseases. The statement, <b>that there is the necessity to assess for sacroiliitis in patients with osteoid osteoma</b> CANNOT BE JUSTIFIED.<br/>When reporting <b>recurrence</b> of OO as a cause of pain and stiffness, it is expected in the <b>SAME</b> anatomical position and not a different place.<br/>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.<br/>Did the authors investigate <u>at the initial diagnosis of OO</u>, the SI joint, since this is a chronic disease and NOT an acute one?<br/>In discussion there is a mixture of osteoid osteoma and osteoblastoma, regarding the 2 cases reported from the literature.<br/>In discussion the authors report similarities between the bone formation around the nidus of the OO and the reactive bone formation of arthritis. There are many innocent case of bone formation, like osteophytes. Bone formation in tumors, in fractures, cannot be related with OO!<br/>Inflammatory process similarities are found in ALL DISEASES with pain and inflammation and NOT ONLY BETWEEN OO AND SI.<br/>Remission process is different between OO and SI. Stiffness is the major hallmark in SI while PAIN is the predominance factor in OO.<br/>Regarding the use of biological factors in OO, ARE THERE ANY REFERRALS IN THE LITTERATURE?<br/>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.</p> <p>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 because the initial symptoms were milder than the symptoms of the OO</p> |   |
| <b>Minor</b> REVISION comments      |   |   |
| <b>Optional/General</b> comments    |   |   |

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PART 2:

|  | Reviewer’s comment   | Author’s comment <i>(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)</i> |
|--|--|--|
| Are there ethical issues in this manuscript? | <i>(If yes, Kindly please write down the ethical issues here in details)</i> |  |

Reviewer Details:

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|----------------------------------|-------------------------------------|
| Name:                            | Nikolaos Laliotis                   |
| Department, University & Country | Inter Balkan Medical Center, Greece |