

Peer Review File

Article information: <https://dx.doi.org/10.21037/pcm-22-34>

**Response to Reviewer A's comments:**

Comment 1: Interesting case report worth publishing, however additional information about chondrosarcoma in other head and neck region appearance (ex. larynx) would be appreciated in discussion.

Reply 1: Thank you for your important comment. This article is devoted exclusively to intracranial chondrosarcomas. In this connection, information about chondrosarcomas of the pharynx is not appropriate.

Changes in the text: N/A

Comment 2: What is some phrases used in the article should be re-constructed in more scientific language- ex. nasal breathing to nasal blockage; the anamnesis revealed into patient past medical history; the tamponade of the nasal cavity to nasal tamponade, etc.

Reply 2: Thank you for your important comment. We changed some termins according to your recommendations (see Page 4, line 8 and 9, Page 4, line 12, 13, Page 5, line 16, 19, Page 6, line 8).

Changes in the text: A 32-year-old patient presented to P. Hertsen Moscow Oncology Research Institute with complaints of the *nasal blockage*, bony deformity of the left zygomatic region. The patient first noticed the *nasal blockage* about two years ago. The *patient past medical history* revealed that 16 years ago, the patient had a chondroma of the left maxillary sinus removed.

The patient did not *visit* doctors after the surgery, no medical documentation was kept. The *nasal tamponade* was removed on the 5th postoperative day.

*Histological analysis* revealed that the tumor was represented by hypercellular areas of chondrocytes with a mild cellular polymorphism, which consisted in a slight enlargement of these cells compared to typical chondrocytes, moreover, two nucleoli were observed in some of these cells.

Taking into account the results of *histological report* of the tumor and the impossibility of R0 resection considering the tumor location, the patient was referred for a proton beam therapy of the area of the removed tumor.

**Response to Reviewer B's comments:**

Comment 1: Interesting case report looking at endoscopic endonasal evacuation of chondrosarcoma. The paper would benefit from further discussion of potential flaps

PMID: 28944942 and combined approaches for reaching the tumor PMID: 28593110.

If the above references and concepts addressed, paper would be of interest to the readership.

Reply 1: Thank you for your interesting suggestions. We have included information about possible ways to treat cerebrospinal fluid (Page 7, line 23,24, Page 8 line 1,2).

In our article, we touch on combined approaches (Page 7, line 19-22) based on PMID: 28838112. Due to the limited number of references, we suggest using PMID: 28838112, since this article specifically examines the surgery for cranial base chondrosarcoma.

Changes in the text: In the case of an extensive postoperative defect and cerebrospinal fluid leakage, plastic surgery is performed using a muco–periosteal flap, a wide fascia fragment, and various auto-materials. The case of performing plastic surgery of the base of the anterior cranial fossa with a skin-aponeurotic flap on the feeding leg is also described.