Peer Review File

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Reviewer A

Good case report but needs more information to be reconsidered and be comprehensive for readers:

1. **Clinical photos if any or 3D reconstruction of the CT to show expansile nature**
    a. Reply 1: There are no clinical photos or 3d reconstruction images to show
2. **If lesion was present for 6 years prior to presentation to you, could you elaborate on why you thought this could be a malignancy on top of your differential list?**
    a. Reply 2: If you see page 3 lines 48-53 you will see that the sunburst imaging appearance is highly characteristic of a sarcoma
3. **Background discussion on the differential is good but the discussion after the case report could include more data from the past case reports on presentation, diagnosis, treatment options and follow up**
    a. Reply 3: Please see additions to discussion section and additional information on previous case literature in lines 116-141. Citations have been modified accordingly.
4. **Please consider follow up data which is important on case reports to show the outcome.**
    a. Reply 4: The patient has had no clinical recurrence

Reviewer B

thank you very much for this interesting case report
the following mass in the mandible is very interesting
the paper itself has all the good features of a well-written case report
the title and abstract are well matched
used key words are references are suitable
case description and the role of a biopsy and differential diagnosis are highlighted
the case is very well presented and the histopathological features just improve the overall paper scientific soundness
discussion is brief
this atypical sun burn appearance is a very good addition toward already known literature
nothing to change in the paper
that's a good paper, with valuable info
this paper can be a source for future citations
I'm recommending its acceptance

- Reply 1: Thank you very much for your time and consideration

Reviewer C

The case is well described and well presented, with images that illustrate what is reported.

The abstract needs to contain more information in order to draw the attention of potential readers to the case.

- Reply 1: Additional information regarding the case has been added to the abstract
- Comment 1: See lines 4-8

Reviewer D

While this is a well-reviewed paper on the pathological diagnosis, it would be ideal to have the patient undergo treatment with long-term follow-up. Are their images of the angiogram showing feeder vessels to the mandibular lesion? In addition, clinical photos in the preoperative, intraoperative, and postoperative time periods would also be needed. This article is missing most of these elements.

- Reply 1: A timeline has been added
- Comment 1: Please see line 11 and line 108 for added timeline
- Reply 2: No clinical photos are available
- Reply 3: The patient did not obtain a CT angiogram

Reviewer E

The authors report a rare instance of intraosseous hemangioma with a sunburst appearance in the mandible. Overall, the case report is comprehensive and offers insightful discussion for clinical practice. However, there are some issues that need to be addressed.

1. Title: Please consider refining the title by adding ‘a case report’, intervention, patient outcome, and the follow-up duration (over 24 months). This would greatly increase its readability.
   - Reply 1: Title was amended.
   - Changes to text: see lines 1-2 on page 1

2. Abstract: The abstract does not provide a complete and accurate description of the article’s content.

(1) Please emphasize the rarity and significance of this case to underscore its contribution to medical literature.

(2) Please report the patient’s demographics (56-year-old female) and symptom presentation (mild increase in size of a previously asymptomatic lesion) to give readers a clearer initial understanding.

(3) Please briefly describe the diagnostic steps taken, including imaging and biopsy, and mention how the lesion mimicked more serious conditions like osteosarcoma or Ewing sarcoma.

(4) Please mention the management to the patient and the follow-up, including the

incisional biopsy and the options of resection versus observation. There is inconsistency regarding follow-up; the abstract mentions a 24-month period, but the main text states the patient did not return.

- Reply 2: Abstract was re-written.
- Changes in text: Please see lines 24-39 on page 2

3. Introduction

The whole subsection 'Introduction' is missing.

- Reply 3: Introduction section added
- Changes to text: See lines 41-57 on pages 2-3.

4. Study's Objective: The research objectives are not presented in a clear and logical manner. Please include a clear statement of the research objectives early in this report, ideally within the "Objective" subsection of the structured Introduction. This would help readers immediately understand the purpose and significance of the case. For example: "The objective of this case report is to present a rare instance of … and to highlight the importance of …"

- Reply 4: This has been added in the introduction section
- Changes to text: Please see lines 54-56 on page 3

5. Reporting Guideline: The study should adhere to the CARE reporting guidelines. Please include the completed CARE checklist (attached) as a supplementary material when submitting your revised manuscript. For each item on the checklist, specify the corresponding page/line and section/paragraph number in the manuscript. For items on the list that are not relevant to your case, kindly indicate "N/A".

Here are suggestions according to the CARE checklist.

(1) The title should include the words "a case report" to reflect the focus of the study (also pls refer to comment 1).

- Reply 5: Title addended
- Changes to text: Please see lines 1-2 on page 1

(2) Please include "case report" as the keyword.

- Reply 6: Added.
- Changes to text: Please see line 40 on page 2
- Reply 7: CARE checklist included as supplementary

(3) A statement should be included at the end of Introduction: "We present the following article in accordance with the CARE reporting checklist". Likewise, the authors should include the "Reporting Checklist" section in the footnote and indicate, "The authors have completed the CARE reporting checklist".

- Reply 7: Added the recommended statement to introduction. Reporting checklist section and statement added to footnotes
- Changes to text: Please see lines 56-57 on page 1 and line 317-318 on page 17

(4) The authors' response to Reviewer D indicated that a timeline was added, yet it seems not present. Please consider adding a table or figure that summarizes key events

and findings in chronological order. For reference, see Figure 1 in this article: https://fomm.amegroups.org/article/view/76445/html.

- Reply 8: the timeline is clearly described in the "Case Presentation" specifically, subsections "Patient Information" and "Diagnosis and Management". No separate timeline was added.
- Changes to text: Please see lines 59-67 on page 3 and 154-169 on pages 7-8

(5) Please include detailed medical history such as chronic diseases, previous surgeries, medications, allergies, and any relevant genetic information. This provides context and may reveal potential risk factors. And also mention any family history of similar lesions, cancers, or genetic disorders that could be relevant. If no relevant history is present, please still state this in the report.

- Reply 9: Requested information added
- Changes to text: Please see lines 59-67 on page 3.

Conclusion: The conclusions are not data-supported.

"To the authors' knowledge, this article is the first report of an intraosseous hemangioma with a "sunburst" appearance on radiographic imaging in the mandible." However, we found a similar case report (https://pubmed.ncbi.nlm.nih.gov/34462389/). Please verify and adjust the wording as needed.

- Reply 10: This text was removed

7. Discussion:

The discussion section appears to lack the necessary rigor, critical thinking, and comprehensiveness. Please acknowledge the limitations like more than single reviewer mentioned the missing of clinical photos and 3D reconstruction images.

- Reply 11: Upon discussion with the radiology department they were able to provide 3d reconstruction images, which are now included in the report. Generally speaking, case presentations do not discuss
- Changes to text: Please see lines 82-85 on page 4 and figure 3 lines 296-299 on page 15.

8. Reference: The references are not appropriate in number. The reference list includes only 31 citations, while reference #32 is cited.

- Reply 12: With revision of text and reformatting, the sources are now 36.
- Changes to text: Please see lines 209-286 pages 10-13

9. Writing: The writing is not clear, concise, or logical enough, which may hinder the scientific meaning or cause confusion.

(1) In line with the structural guidelines for Case Report (https://fomm.amegroups.org/pages/view/guidelines-for-authors#content-2-5) outlined in the author instructions (template download link: https://cdn.amegroups.cn/static/public/Case-Reports-Structure-template.docx?v=1730275399152), please reorganize Abstract into Background, Case Description, and Conclusions; and arrange the main text as Introduction, Case Presentation, Discussion, and Conclusions. In addition, case reports are required to

contain a box that highlights the key findings and potential impacts. (https://fomm.amegroups.org/pages/view/guidelines-for-authors#content-3-4-1).

- Reply 13: Abstract has been reformatted. The main text has been rearranged as recommended.
- Changes to text: See lines 24-39 on page 2 and lines 41-207 pages 2-10

(2) Grammar and Syntax: “Intraosseous hemangiomas of the mandible is a rare lesion...” should be “are rare lesions”.

- Reply 14: Corrected
- Changes to text: Please see line 200 on page 9

(3) Misspelled words: “caries” to “carries”, “lacey” to “lacy”.

- Reply 15: Corrected
- Changes to text: Please see line 149 on page 7 (lacy) and line 189 on page 9 (carries)

10. Figures& Tables Figures are not well annotated. Please specify the staining method and magnification used in the legend of the histological images. Also, please add marks ‘a’ and ‘b’ in figure 3, and provide footnotes for figures 3a and 3b one by one.

- Reply 16: Figure annotation adjusted. Please note the figures are now 4a and 4b
- Changes to text:. See lines 298-307 on pages 16-17
    a.