

Peer Review File

Article information: <https://dx.doi.org/10.21037/ajo-23-17>

Reviewer A

Comment 1: Overall, the paper could be more concise. In particular, the patient presentation should be revised to only include a brief description of salient clinical points. Otherwise well written and presented.

Reply 1: Thank you for your comment and feedback on our paper. We have taken your suggestions on board and have made the necessary revisions accordingly.

Changes in the text: We have made the clinical presentation of this patient more concise (see Page 11, lines 198-203) to make it more succinct.

Reviewer B

Comment 2: The authors submit a systematic review on the rare entity of Symptomatic ecchordosis physaliphora. In addition to reviewing the literature they also report on their single case that presented with spontaneous rhinorrhea. In their systematic review they also include cases from a large 10-year systematic review by Veiceschi in 2021 covering published cases between 1990-2000. A very similar and well performed systematic review was also recently published by Stuebe et al in June 2023 in World Neurosurgery.

Despite being a rare entity, this topic has been well published on in the past few years and although the authors provide a few extra additional cases in their review I do not believe that the findings of their review differ at all from what has been recently published and hence I do not think that this review adds significantly new information to the literature.

Reply 2: Thank you for your comment and feedback on our paper. We appreciate your insights regarding the recent publications on the topic of symptomatic ecchordosis physaliphora. We acknowledge that there have been notable contributions to the literature, including the comprehensive systematic review by Veiceschi in 2021 and the recent publication by Stuebe et al. in World Neurosurgery.

However, we believe that our systematic review and the accompanying case report provide valuable additions to the existing body of knowledge on symptomatic ecchordosis physaliphora such as in the form of intra-operative endoscopic images and histopathology findings. While our review includes cases from Veiceschi's study, it is important to note that our review extends the timeframe beyond 2021 and captures any newly published cases that may have emerged since then. Notably, our systematic review includes a total of 32 studies whilst Stuebe et al. have 18.

Our paper also focused more on the surgical approaches and in particular, the endoscopic endonasal approach to managing this condition. We described the technique utilized for our patient as well as the multilayer watertight seal approach for repairing the CSF leak.

In summary, while there may be some overlap with previous publications, our review and single case report provide novel insights and expand the knowledge base on symptomatic ecchordosis physaliphora. We believe that our findings contribute to the overall understanding of this rare entity and thus would appreciate consideration of publication.

Editorial Comments

1. The title could be more informative. As an example, the authors could emphasize surgical treatment in the title, as the focus of the review is on surgically managed symptomatic EP.

Reply: Thank you. We have amended the title of our manuscript.
Changes: Page 1 Line 1

2. Although authors acknowledge that this review may have been limited by the absence of quality

assessment, we still encourage authors to add the risk of bias because quality assessment is necessary for a systematic review. Authors can refer to the quality assessment tool for case reports /case series recommended by the JBI Centre for Evidence-Based Health Care for literature quality assessment (<https://jbi.global/critical-appraisal-tools>). The methodology used to assess the risk of bias need to be detailed in the Abstract and Methods, including details of the tools used, the number of reviewers who assessed each study, and whether the reviewers worked independently (Fig or Table is also highly recommended). In addition, the Abstract-Conclusion section can add a brief summary of the limitations of the evidence included in the review (e.g. study risk of bias).

Reply: We have utilized the assessment tool from the link provided.

Changes: Page 10-11 Line 229-246

3. Reviewer B's comments are valuable and we are pleased to see that the authors have responded to them. However, it is not enough to emphasize in the response letter what new content has been added to the paper, as this is not clear to the readers. The authors need to clarify in the introduction section what existing similar reviews summarize and what they do not, what knowledge gaps there are, and what the highlights of the paper are.

Reply: Thank you. We have clarified this in the abstract conclusion and introduction.

Changes: Page 3 Lines 52-59, Page 6 Lines 114-127.

4. Lines 85-93 ("EP and chordoma remain...differ significantly"), this paragraph needs to reorganize to be more logical. As an example, this sentence-" considering the challenging nature of distinguishing between the two notochordal derived lesions, a multimodal approach to determining a diagnosis is required as the prognostication and management implications differ significantly", seems to be more appropriately placed after " EP and chordoma remain a diagnostic challenge due to its common embryonic origins and thus almost identical histopathological characteristics". In addition, it is suggested that the authors describe the differences in the prognosis and management of EP and chordoma.

Reply: Thank you. Sentence has been reordered and differences have been listed.

Changes: Page 5 Lines 99-108

5. "using the terms ecchordosis physaliphora with no language restriction", the search terms are simple and cannot see the comprehensiveness of the search strategy. Please provide the full search strategies for all databases which can be submitted as supplementary.

Reply: Thank you. The search strategy for each database has been listed and added to a supplementary document.

Changes: Supplementary document added to submission.

6. In the flow diagram, the second step could revise to "Duplicate records removed (n =169)", followed by "Records screened (n = 131)".

Reply: Thank you. We have amended this accordingly.

Changes: Page 30 Line 975 and Figure number changed to number 1.

7. "We performed a Chi-square analysis of the relationship between age and diagnosis of EP, however found that this was not significant ($p = 0.41$) (Table 3)", we couldn't conclude this from Table 3, since no p-value was reported. In addition, table 3 is hard to read. (1) What's the rationality to classify the age-range and why there is a need? (2) The total number in each group should be written as "Male (n=15)". (3) No need to provide the chi-square statistic for each cell, but the differences between groups, including the chi-square statistic and p-value. Or the authors could make some type of marking for statistically significant findings. (4) Please remove the last line. (5) It's suggested to revise the title of Table 3 to state the purpose of this analysis explicitly.

Reply: Thank you. Following thorough deliberation, we concur with the editorial board and have removed this table as it was felt that it did not contribute to the knowledge surrounding this topic.

Changes: Page 9 Line 203 deleted. Page 45 Table deleted, and other tables renumbered (table 4 now renumbered as table 3).

8. Like comment 2, we strongly recommend authors discuss the limitations of the evidence included in this review, as well as the limitations of the review processes used, which can bring readers intellectual thoughts.

Reply: Thank you. We have discussed the limitations of the review process.

Changes: Page 11 Lines 240-246, Page 19 568-570

9. What would be the next research steps that are needed, to bring this into clinical use? For readers, explicit recommendations from the authors for future research, highlighting what actions researchers should take based on the findings of the review would be very useful.

Reply: Thank you. We have included this in our conclusion.

Changes: Page 19 Lines 571-577

10. Please also report the statistical methods of quantitative variables in the Methods, such as Chi-square analysis.

Reply: N/A as chi-square analysis removed. Page 9 Lines 203 deleted.

11. Figures should be numbered according to the order in which they appear in the text, such as Fig 5 should be Fig 1, Fig 1 should be Fig 2, et al. Please also indicate clearly what the arrows symbolize in Figures 1-3b. And utilize arrows of the same type.

Reply: Thank you. Figures have been renumbered.

Changes: Pages 30-38, Lines 974-1021

12. Line 86, "Despite the traditionally asymptomatic nature of EPs, there have been numerous cases of symptomatic presentations requiring operative management reported in the literature". Please add references to support this claim.

Reply: Thank you. We have added reference to Table 1 which includes all the symptomatic presentations requiring operative management and the references have been renumbered accordingly as per reply 15-1.

Changes: Page 5 Lines 103-106

13. "Additionally, Krisht et al and Raffa et al's patients demonstrated T1 isointensity on MRI instead (22, 29)". The format of references is inconsistent with others.

Reply: Thank you. We have amended this.

Changes: Page 16 Lines 416-417

14. Please don't incorporate references in the Conclusion section.

Reply: Thank you. We have amended this.

Changes: Page 19
