

## Peer Review File

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### Reviewer A

It is an interesting clinical case of Poland syndrome in an adult male patient, completely asymptomatic.

Poland's syndrome is more of a clinical spectrum with different manifestations and severity of symptoms. In asymptomatic cases like this one, no surgical approach is necessary, as long as the patient wishes it.

It is an interesting clinical image, well summarised and interpreted.

**Reply:** Thank you for considering the manuscript.

### Reviewer B

**Comment 1: I would suggest changing Poland anomaly to Poland syndrome.**

Reply 1: Poland anomaly changed to Poland syndrome in lines 3, 9, 15, 23, and 24 in the manuscript.

**Comment 2: In general, the article is not written according to the CARE guidelines for case reports, as a result of which this article is not well structured and missing essential parts such as an introduction and discussion section.**

Reply 2: The manuscript is a short description of the clinical presentation of Poland anomaly as images in clinical medicine, not a case report by itself. Given the nature of this description in the manuscript for Poland, anomaly does not contain an abstract, introduction, or detailed discussion as per the CARE checklist which is more specific for case reports. Hence, the revision of the manuscript is not made as per the CARE checklist.

**Comment 3: 3. Was informed consent obtained?**

Reply 3: Yes, the informed consent was taken from the patient.

**Comment 4: Essential case information is missing (e.g., family history, potential psychological impact, daily life functioning etc)**

Reply 4: The information regarding the family history is included in the manuscript in lines 9 and 10.

**Comment 5: In continuance on the previous comment: was SASDS present? i.e., subclavian artery supply disruption sequence.**

Reply 5: As the patient didn't have any symptoms related to the abnormality, SASDS was not

considered and no vascular imaging studies were performed to rule out or rule in the SASDS.

**Comment 6: Information such as the fact that Poland syndrome more often affects the right side, while the patient's left side was affected should be added.**

**Reply 6:** The information is added in the manuscript in lines 18 and 19.

**Comment 7: There are classification methods available for the observed anomalies. Please apply. See e.g. Al-Qattan. Classification of hand anomalies in Poland's syndrome. Br J Plast Surg 2001**

**Reply 7:** The classification of the patient's Poland syndrome as per the Al-Qattan is included in the revised manuscript in lines 19 to 22.

**Comment 8: What does the case report add to the readily available literature? In other words, what can the readers learn?**

**Reply 8:** The article will help increase awareness about this rare congenital condition among the readers.