

Peer Review File

Article information: <https://dx.doi.org/10.21037/amj-23-61>

Review Comments

Comment 1: Since the case report is about paranasal sinus lesions. I would recommend starting abstract with those instead of maxillary bone cyst.

Reply 1: As per suggestion, necessary changes are made in the abstract background section from line 17 – 20.

Comment 2: I don't see air fluid levels in the figures 3 and 4. Air-fluid levels are usually seen in sinusitis not in mucocoele. If in this particular case if CT scan showed air-fluid levels. Please add figures of those sections. Also, I don't see the section that demonstrates ostiomeatal unit obliteration. The word secretions are not apt to describe the imaging findings. Please revise the radiographic features and figure legends.

I understand there might be ostiomeatal complex obliteration, it is not displayed in figure provided. When you cite the figure next to radiographic features, readers expect to see those changes in the figure or state clearly saying few of the radiographic changes described are depicted in the figures.

Reply 2: As per suggestion, necessary changes are made in the case presentation line 116 – 118.

Figure -3 was added showing air fluid level, osteomeatal obliteration and bony erosions.

Comment 3: Maxillary sinus is not displayed in the section. Eliminate the word maxillary sinus. Also, it's hard to say those are secretions, use terminology as mucosal thickening, opacification. For e.g: CECT coronal view showing opacification of right sphenoidal sinus

Reply 3 : The Figure -3 legend has been modified as suggested

Figure 4 – Legend has been modified as suggested

Comment 4: It is hard to definitively say those are secretions. CECT Axial view demonstrating opacification of right maxillary sinus accompanied by expansion and destruction of bony walls of right maxillary sinus. Section also demonstrates opacification of right sphenoid sinus

Reply 4 : Figure -4 legend has been modified as suggested.