

SUMMARY OF CHANGES MADE

We thank the Editor and the Reviewers for their thorough work and constructive comments on the manuscript. We are expressly grateful to Reviewer 1 and 2, as they noticed and highlighted significant mistakes and gaps in the research, which are now corrected. In summary, we made multiple changes to the article. The Introduction and Discussion units were extensively revised. Every issue raised by the Reviewers was addressed to our best knowledge, and we genuinely believe that the quality of the paper substantially improved due to the requested corrections. All changes are detailed in a point-by-point manner below and marked with the Tracked Changes function in the manuscript.

POINT-BY-POINT RESPONSE

Reviewer 1

A)Introduction:

Comment 1: While well-written and detailed, I feel it may be overly long and complex for a journal article. As this is not a book chapter, it would be best to focus on the key points and pique the interest of the average reader. If they wish to delve deeper, they can refer to the relevant references.

Reply 1: Thank you for this important note. The Introduction was revised and shortened to its key points, mainly through lines 70-111 and 140-177. We also made minor revisions through the script. We hope its contents are now more to the gist. Pages 2-4.

Comment 2: Avoid repetitions.

Reply 2: The manuscript was thoroughly searched for repeating keywords and were corrected to our best ability.

Comment 3: I would suggest ending the introduction by clearly stating the purpose and importance of the current study. Specifically, the final paragraph could summarize:

- The objective/ aim of this particular research
- How this work builds on previous findings in the field
- The unique contribution this study makes to the existing literature.
- Why this research question/ topic is significant and worth investigating.

Reply 3: Thank you for drawing our attention to this. We added a final paragraph summarising the points above at the end of the Introduction at line 180-183. Page 4.

B)Surgical Method:

Comment 4: Figure 3: I suggest adding arrows or asterisks to highlight key features/areas of interest.

Reply 4: Added arrows to Figure 3 to highlight features at line 258. Page 7.

Comment 5: What was the age of the patient when she underwent surgery? Please specify the age in the case report. Adding this detail would provide important clinical context.

Reply 5: Thank you for pointing out this important information. We specified the age in the Patient Info section at line 218, as well as the Discussion at line 389. Pages 5, 8 and 10.

Comment 6: Please include the patient's age at each follow-up visit. Stating the age at the time of surgery and during subsequent appointments will allow readers to better contextualize the case progression.

Reply 6: The age of the patient was added at the relevant points at line 218, 315 and 389. Pages 5,8 and 10.

Comment 7: Line 252, 315, 360: "Figure X" please correct.

Reply 7: Line 252, 315, 360 "Figure X" either removed or corrected to the relevant Figure. We apologise for the confusing error.

Comment 8: Figure 4: "Figure 4: Post-operative images one day after surgery, dorsal side (A) and palmar side (C). 284 Radiograph describes the postoperative state ... weeks after the surgery (B)." how many weeks?

Reply 8: Thank you for drawing our attention to this. We added the correct time of the radiograph at line 300. Page 8.

Comment 9: Please specify the type of postoperative immobilization used - was it a plaster cast, splint, or just dressings?

Reply 9: Thank you for pointing this out. We specified the type of immobilisation and the length of its use at lines 302-321. Page 8.

C)Discussion:

Comment 10: The discussion section contains some repetitiveness from the introduction. Please avoid restating background information and instead focus on analyzing the current case. Specifically, consider:

-How this case differs from previous examples in the literature.

-The advantages and disadvantages of the approach used.

Reply 10: Thank you for this valuable insight. We revised the Introduction to contain less repetition as well as rewriting some of the Discussion to reflect the points mentioned above at lines 326-400. Pages 9-11.

Comment 11: There is no need to exhaustively detail all possibilities, just relate to the context of this patient. Additionally, compare and contrast unique aspects of this case to

build new insights.

Reply 11: Thank you for this important note. We revised the discussion so it better reflect the above mentioned at lines 326-400. Pages 9-11.

Comment 12: Line 369: figure Y ?

Reply 12: "Figure Y" removed. We apologise for the confusing error.