Dear Mrs. Erica Kholinne,

Thank you for submitting your manuscript 4209643, titled "A Soft Tissue Osteochondrolipoma of the Lateral Ankle: A Case Report and Clinical Insight", to Case Reports in Orthopedics.

After careful assessment, our editorial team has decided your manuscript requires minor revisions in order to proceed with the peer review process and be considered for publication. Reviewer comments are included at the bottom of this email to assist you in revising your manuscript.

We ask that you return your revised manuscript by July 29, 2026. If you need more time, please let us know. We are happy to discuss an extended deadline. When submitting your revised manuscript, you will be asked to upload an author response letter that details the revisions you have made in response to editor and reviewer comments. You may also be required to show revisions made within the manuscript files. Please follow any journal-specific guidelines for formatting and submitting revisions outlined in the author guidelines page.

When you have finished revising your manuscript, follow the link below to submit your revision:

Submit your revised files

Thank you for submitting your work to Case Reports in Orthopedics. We look forward to receiving your revised manuscript.

Kind regards,
Dr. Shashank Kaushik
Case Reports in Orthopedics

Editor Comments to Authors:
1. State adherence to CARE guidelines, as this is the standard for case report reporting. Include a CARE checklist and structured patient timeline to improve transparency and readability.
2. Address all reviewer comments. Ensure that a comprehensive Author Reply is shared along with the revised manuscript (with these changes implemented). Also, kindly highlight the suggested changes in the revised manuscript to expedite the review process and save the reviewers' time.

The following reviewer comments were taken into consideration during the peer review process.

> *Reviewer 1 Comments to the Author*
>
> > *The case is clinically relevant and well-presented; however, the overall*

quality of writing requires improvement. The manuscript would benefit from refinement of phrasing to enhance clarity and readability. Redundancies should be minimized to ensure conciseness, and the language should be made more precise and scientifically robust to align with journal standards.
Here are the suggested revisions
24- "while occurrence in the lower..." to "whereas its occurrence" (more formal)
26- "arising in the lateral hindfoot …" to of the lateral hindfoot region / lateral aspect of the hindfoot of in a 54-year-old
27- "Nonhomogeneous" …heterogeneous soft tissue
36- "Postoperatively, and no clinical evidence" … spit out the sentence… "postoperatively." No clinical evidence."
38- "prognosis following complete"…… prognosis after complete
48—"not particularly rare"... commonly/frequently seen
49 - are rare and have a very low incidence—is slightly repetitive because both say nearly the same thing.
52 - "predominantly" … typically
55—"linked to parosteal localization"... associated with a parosteal location [3].
58 - remain "rare due to the rarity" of this condition,..... repetitive
67—A 54-year-old "female"—woman
70- reported having used—"reported using" is tighter
72 - Improvement was observed..." was noted." fits medical style.
75 - over the lateral hindfoot... "lateral aspect of the hindfoot" (Figure 1).

FIGURE 1
86—"nonhomogeneous" lesions measuring 2.32 × 2.96 × 2.95 cm... "heterogeneous,"

92 - Figure 2. Plain radiograph of the right foot in (A) lateral view and (B) AP view showing a well-circumscribed soft tissue mass with internal calcification (red arrow) ..... Figure 2. Plain "radiographs" of the right foot in (A) lateral and (B) "anteroposterior views" "show" a well-circumscribed soft tissue mass with internal calcification (red arrow).

96 - Figure 3. Magnetic resonance imaging of the right foot in (A) a sagittal view, (B) a coronal view, and (C) a transverse view showing a lobulated, septated soft tissue mass with calcification.....
Figure 3. Magnetic resonance "imaging"... "images" of the right foot in (A) a sagittal, (B) a coronal, and (C) a transverse axial "views" "show" a lobulated, septated soft tissue mass with calcification.

107 - Using "standard surgical technique, postoperative analgesics were administered "…. split the sentence " standard surgical technique, and postoperative analgesics were administered."
108—The excision of a solitary mass measuring 3.4 × 3.5 × 3 cm (Figure 5A)... " A "solitary mass measuring 3.4 × 3.5 × 3 cm" was excised" (Figure 5A).

114 - Figure 4. Intraoperative photograph---- "image ""Photograph" sound slightly descriptive/narrative rather than scientific

118 - Figure 5. "Intraoperative images"—calling the whole set "Intraoperative images" is not ideal, because panel C is pathologic, not intraoperative. So "Gross and histopathologic findings" is better.
119-(B) sectioned specimen revealed a solid, "grayish-white" … "gray-white" fleshy area. (C) "The microscopic"….. " histopathological examination" is tighter.

137—"histological" ... redundant features ... . These feature were consistent with
In the posterative paragraph starting from point 138. reduce repeated use of "postoperative," like in point 142 At the three-month "postoperative"

•Significant redundancy in references (multiple duplicates), inconsistent Vancouver formatting, journal abbreviations not standardized, some reference details incomplete or incorrect. Remove duplicates and renumber accordingly.
Ref 5 and Ref 8
Ref 4 and Ref 11
Ref 2 and Ref 15
Ref 13 and Ref 19

Reviewer 2 Comments to the Author

This is a case report describing a rare case of osteochondrolipoma of the lateral ankle. The manuscript is clinically relevant, and the histopathological findings are well documented. I believe the manuscript is suitable for publication after minor revisions.
My comments are as follows:
The authors state that the surgical procedure was performed with the patient in the supine position (lines 99–101). However, the intraoperative photographs (Figure 4) appear to show the patient in the lateral decubitus position. The authors should clarify this discrepancy and correct the text as appropriate.
The postoperative statement, "At the two-week follow-up, the surgical wound showed satisfactory healing, the sutures were removed, and there were no signs of infection or wound dehiscence," is essentially duplicated. Similar information is presented in lines 125–129 and again in lines 138–142. This repetition should be removed to improve the manuscript's readability.
The authors should provide the patient's relevant medical history and comorbidities, as these are important components of a complete case report.

Overall, these are minor issues that do not detract from the quality of the manuscript. I recommend acceptance after minor revision.