

Author's Reply

Sir,

I am pleased that you¹ have shown keen interest in my manuscript.² However, points that got my attention are as follows: (1) This case was a spontaneous transformation of a chondroblastoma (benign) to conventional osteosarcoma (malignant) in a healthy adult. The patient did not have any signs or symptoms to suggest that he was immunocompromised. I suggest some clarification to

be done to emphasize that the case was a healthy adult. (2) Osteosarcomas are never associated with HIV in the past. I believe that there is no justification to screen the patient for HIV or performing a CD4 count in this patient. Even if it was done and happens to be positive, it would probably mean a mere coincidence rather than clinical association between HIV and osteosarcoma. (3) Considering point (2) above, please consider to revise the statement below:

HIV infection ought to be considered in the studied patient and, hence, CD4 count and viral overload estimations were solicited to be contemplated. If these measurements were done and they showed positive HIV status, the case in question could be truly considered a novel case report. This is because osteosarcoma transformation of a chondroblastoma in HIV-positive patient has never been reported in the literature so far.

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Conflicts of interest

There are no conflicts of interest.

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