***First of all we thank reviewers for reviewing the manuscript, and giving so valuable constructive comments for improvement of the manuscript. We have modified accordingly as suggested. The added text is highlighted. Point-by-point response is given underneath.***

**Reviewer #1:**

1. Ulnar Dimelia is mostly a congenital disease. Has the study found a relationship between Ulnar Dimelia and related gene deletion?

Explanation:

Currently the facility to find a relationship between ulnar dimelia and related gene deletion is not available at our centre.

However; the literature search reveals that the disease is probably due to failure of differentiation of a part of the ray rather than its pure duplication. [1] During the embryogenesis a disturbance of differentiation of Zone of Polarising Activity (ZPA) along the axis of the limb may lead to post-axial duplication and ulnar dimelia. [2] Few authors have reported HOX genes mutations or translocation breakpoint at 14q13 as the genetic mechanisms of ulnar-dimelia. [3, 4]

1. Chinegwundoh JO, Gupta M, Scott WA. Ulnar dimelia. Is it a true duplication of the ulna? J Hand Surg Br. 1997 Feb; 22(1):77-9. doi: 10.1016/s0266-7681(97)80024-1. PMID: 9061533.
2. Tomaszewski R, Bulandra A. Ulnar dimelia-diagnosis and management of a rare congenital anomaly of the upper limb. *J Orthop*. 2015; 12(Suppl 1):S121-S124. Published 2015 Feb 18. doi:10.1016/j.jor.2015.01.027
3. Apiou F, Flagiello D, Cillo C, Malfoy B, Poupon MF, Dutrillaux B. Fine mapping of human HOX gene clusters. Cytogenet Cell Genet. 1996; 73(1-2):114-5. doi: 10.1159/000134320. PMID: 8646877.
4. Matsumoto N, Ohashi H, Kato R, Fujimoto M, Tsujita T, Sasaki T, Nakano M, Miyoshi O, Fukushima Y, Niikawa N. Molecular mapping of a translocation breakpoint at 14q13 in a patient with mirror-image polydactyly of hands and feet. Hum Genet. 1997 Apr; 99(4):450-3. doi: 10.1007/s004390050387. PMID: 9099832.

2. Ulnar Dimelia often relies on deformity features and X-ray data to make a clear diagnosis. The purpose of treatment is to improve the function and appearance of the forearm and fingers. However, this patient did not undergo surgical treatment.

Could you please state the relevant surgical method, the need for removal of multiple fingers, tendon displacement and reconstruction, and the possible prognosis?

Explanation:

Due to rarity of disease the best method of treating this complex problem cannot be delineated easily. Management is aimed at achieving a functional and cosmetically acceptable extremity that usually involves multiple, complex operations. [1, 2]The best age for reconstruction of hand is before the second year. The main surgical methods described in the literature include one or two staged amputation of the extra hypoplastic digits and pollicization.

Surgery is preceded by passive range of motion exercises and to choosing the appropriate radial digit for pollicising. Hand deformities can be corrected to give satisfactory outcome when they are not so severe. Either index or middle finger can be pollicised depending upon the type of ulnar dimelia. When deformity correction is not feasible the goal is to achieve hold function of hand. Good functional and cosmetic results have been reported in few studies. [3]The thenar reconstruction by interosseous muscle transfers and further improvements can be achieved by tendon transfer at a later date has also been described in the literature. [4]The function of wrist, forearm, and elbow may improve with arthroplasty of the affected joints. [5]

1. Jafari D, Sharifi B. A variant of mirror hand. A case report. J Bone Joint Surg Br. 2005 Jan;87(1):108-10. PMID: 15686248.
2. Jameel, J., Khan, A.Q., Ahmad, S. et al. Ulnar dimelia variant: a case report. J Orthopaed Traumatol **12,**163–165 (2011). <https://doi.org/10.1007/s10195-011-0146-y>
3. Tomaszewski R, Bulandra A. Ulnar dimelia-diagnosis and management of a rare congenital anomaly of the upper limb. *J Orthop*. 2015; 12(Suppl 1):S121-S124. Published 2015 Feb 18. doi:10.1016/j.jor.2015.01.027.
4. Harpf C, Hussl H. A case of mirror hand deformity with a 17-year postoperative follow up. Case report. Scand J Plast Reconstr Surg Hand Surg. 1999 Sep;33(3):329-33. doi: 10.1080/02844319950159334. PMID: 10505449.
5. Tsuyuguchi Y, Tada K, Yonenobu K. Mirror hand anomaly: reconstruction of the thumb, wrist, forearm, and elbow. Plast Reconstr Surg. 1982 Sep; 70(3):384-7. PMID: 7111492.

3. Do the patients have contralateral imaging data to compare and observe the differences between the two ulna?

Such data is not available with authors.

4. Could you summarize the relevant anatomical features of Ulnar Dimelia?

Explanation:

The relevant anatomical features of Ulnar Dimelia as seen radiologically in our case can be summarized as follows-

* A normal humerus with an ossification center in the post-axial part of distal epiphysis,
* Radius was absent
* Two ulnae: post-axial ulna had a proper morphology and pre-axial ulna was shorter with less defined proximal anatomical features
* Wrist shows duplication of ossification centres corresponding to lunate,
* Normal morphology of metacarpals and phalanges of three post-axial fingers,
* Hypoplasia of all pre-axial metacarpals,
* Shortening of all phalanges of pre-axial index finger,
* Normal pre-axial middle (M) and ring (R) fingers,
* Hypoplasia of pre-axial little (L) finger.

**Reviewer #2:**  
This paper is a case report of ulnar dimelia. The patient's medical history  
is described in detail, and the pictures are clear and representative. If there is a scale in the X-ray picture or the specific measurement data given by the author, it will be helpful for further study. In addition, if further follow-up data can be obtained, it will be more conducive to disease research.

Explanation:

Our patient has six metacarpals, two carpals and two ulnae. Since the patient did not turned up for further definitive management therefore a further follow-up data is not available.

***Sir, kindly feel free to communicate for any further improvement in the manuscript.***

***Thanks and regards***