**Case report**

A 15-year-old girl diagnosed with osteosarcoma in left tibia in 2017. After 3 cycle neoadjuvant chemotherapy with adriamycin (A), platinum (P), high-dose methotrexate (M), and ifosfamide (I), this patient received radical resection and 6 cycle chemotherapy with APMI. In 2019, the isolated metastatic lesion in left second rib was detected via chest computed tomography (CT). And then radical resection was performed for the rib lesion. In 2020, the relapsed lesion in left second rib was detected with no other metastasis. This patient received one cycle chemotherapy with APMI and radical resection for the relapsed lesion. No post-chemotherapy was performed for the 100% tumor cell necrosis rate. Unfortunately, multiple bony metastases were detected via positron emission tomography (PET)-CT in March, 2021, which including bilateral distal femurs, and bilateral proximal tibias. Then the second-line chemotherapy was applied with apatinib and IE. In October, 2021, the poor result of progressive disease (PD) was gotten by PET-CT showing that there were more multiple bony lesions including sphenoid, maxilla, mandible, humerus, scapula, rib, sternum, spine, pelvis, femur, tibia and fibula without any pulmonary metastasis. We then further tried single anti-PD-1 antibody (camrelizumab, Jiangsu HengRui Medicine Co., 200mg ivgtt. Q2W) for this patient. Surprisingly after just 4 courses of infusion, the PET/CT scan showed obvious PR by RECIST 1.1 and PMR by PERCIST.