

## **Author's response to reviews**

**Title:** Intracranial melanocytic meningeal tumours and melanosis oculi: case report and literature review

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**Version:** 3 **Date:** 7 May 2012

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To the Editorial Office of *BMC Cancer*

Rome, 07 May 2012

Dear Editors of *BMC Cancer*,

Please find enclosed the reviewed case report entitled “Intracranial melanocytic meningeal tumours and melanosis oculi: case report and literature review”, which describes the unique case of a patient with multiple intracranial melanocytic meningeal tumours, associated with melanosis oculi. We have updated the clinical history of this patient who recently died as a consequence of tumour progression.

We would like to thank the reviewers for the thoughtful suggestions, which have been followed, as reported below.

Regards,

Francesco Doglietto, MD, PhD

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## Reviewer 1

1. Introduction; the first sentence of the second paragraph ends abruptly with, "report on." I would recommend completing this sentence.  
*The sentence has been corrected to: "Herein we describe the unique case of the association of simple ocular melanosis and multiple intracranial melanocytic meningeal tumours";*
2. In the last paragraph of the Case Report section, three of the cited references also have additional superscripted cited references. Please remove any redundant or unwanted reference citations.  
*We have removed redundant citations and added two reference;*
3. A. The differentiation between melanocytoma and melanoma may sometimes be challenging on histopathology because the tumor may demonstrate intermediate histologic features. In such cases, a designation such as "melanocytic neoplasm of indeterminate biologic potential" is sometimes applied.  
*We have indeed added this designation as a comment in the Discussion paragraph.*  
B. Please provide some additional details regarding the histopathologic features that lead to the conclusion that the lesion best represents melanocytoma and not melanoma. Specifically what was the growth pattern of the tumor (sheet-like, infiltrative, nodular, etc.), the degree of nuclear atypia and pleomorphism, and the presence or absence of necrosis.  
*We provided further details: "On haematoxylin and eosin (H&E) staining (Figure 5A – original magnification: X 300) neoplastic cells appeared round or spindled, without nuclear atypia and with small nucleoli ... No necrosis was observed".*  
C. Also, melanocytomas are often heavily pigmented, although amelanotic or hypomelanotic examples have been reported. It may be at times necessary to bleach the melanin to study the nuclear morphology, mitosis and before performing immunohistochemistry. Did you have to bleach any of the tissue sections in order to more readily appreciate the cytologic detail of the melanocytes?  
*We did not have to bleach the tumour, so we added: "Melanin pigment was present in occasional cells, so we were able to study the nuclear morphology without the need of a melanin bleaching"*

## Reviewer 2

1. The lesion should be called a melanocytic meningeal tumour and the discussion expanded on that account  
*As suggested, we have defined the lesion a melanocytic meningeal tumour and have expanded the histopathological as well as the general discussion*
2. There are also grammatical issues with the manuscript that need attention before publication.  
*The paper was completely revised.*