Author's response to reviews

Title: Inflammatory myoglandular polyp of the cecum: case report and review of literature

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Author's response to reviews: see over
23 November, 2009  
To The Editor  
BMC Gastroenterology  

Dear Sir  

In reply to your kind letter we wish to submit a revised version of our paper entitled  
“Inflammatory myoglandular polyp of the cecum: case report and review of literature” MS  
5301697633058831.  

We provide here a point-by-point reply to the reviewer's comments. As the Reviewers asked, the article has  
been thoroughly revised for language errors and many changes have been made to improve overall structure  
and clarity. We have also condensed the various figures into a single figure (Fig. 3). We hope that the new  
manuscript is easier to read.  

At the same time we have taken into account the Journal’s requirements including correct formatting.  

Reviewer: Shoji Hirasaki  

MAJOR COMPULSORY REVIONS  

1) We specified into the abstract the nonneoplastic polyps considered different from the IMGP, as  
requested. We also included the IFP and juvenile polyps as differential diagnosis of non-neoplastic  
polyps of the colon in the “Discussion”.  

2) Unfortunately we have no other endoscopic images, but if you see carefully the macroscopic  
image of the specimen (figure 2) the polyp appears to be not pedunculated, with a lobulated and  
partially eroded surface.  

3) We specified the histological findings of the endoscopic polyp biopsy in the “Abstract” and  
“Case presentation” sections: “The histological examination of the specimen revealed the presence  
of inflammatory granulation tissue with lymphocytic and eosinophil infiltration associated to a  
fibrous stroma: it was diagnosed as inflammatory fibroid polyp”.  

4 and 5) We apologize the omission of data concerning the haemathological evaluation of the  
patient. The immunological tests for his previous diagnosed immune haemolytic anemia were  
negative and the patient was addressed to our attention for anemia associated to positive fecal occult  
blood test. As the colonoscopy revealed a partially ulcerated polyp of the cecum, we hypotized that  
the cecal polyp was the cause of anemia.  

6) We have enclosed a new higher quality histological image that reveals 1) inflammatory  
granulation tissue in the lamina propria; 2) proliferation of smooth muscle from the muscolaris  
mucosae; 3) hyperplastic glands with occasional cystic dilatation. We have condensed the various  
images into a single figure (Fig. 3).  

7) We agree that IMGP must be differentiated also from Inflammatory Fibroid Polyps as you  
suggest. IFP may occur in the large bowel, but it has been mostly described in the stomach and in  
the small bowel. Its main histological features are the presence of a fibrous stroma with an  
inflammatory infiltration, such as plasma cells and eosinophils. On the contrary, IMGP presents  
smooth muscle proliferation and lymphocytic infiltration (NOT eosinophils) associated to  
hyperplastic glands. Therefore we included IFP in the discussion.
8) We agree that this kind of non-neoplastic polyps should be treated endoscopically by polypectomy or EMR considering their benign nature. In our case our endoscopist advised the patient about the high risks of perforation during endoscopic procedures (included a piecemeal resection) related to the polyp size, the absence of peduncle and the thin thickness of cecal wall. For these reasons the patient refused the endoscopic treatment. We agree with authors who consider that in the future, percentage of endoscopic resections will increase and surgical resections will decrease.

MINOR

2) We included the IMGP features in the legend of Figure 2 as reported: IMGP appears to be a spherical, sessile and lobulated polyp of the cecum, without a peduncle, 4.2 cm in diameter.

Reviewer: Gabriel Becheanu

1) The pathologist found a little polyp next to the ileocecal valve missed by preoperative colonoscopy. Histologically it was a tubulovillous adenoma, 0.8 cm in diameter, with low grade dysplasia. It has been specified in the “Abstract” and “Case presentation” as requested.

2) In the Figure legend 3 is now specified that IHC was performed by anti-actin immunoperoxidase method, 4x obj (Fig. 3, D). Now Figure 3 provide the characteristics of the myoglandular inflammatory polyp. We have condensed the various images into a single figure: low power images are A and B; HE stained images are A,B,C containing the histological characteristics of the polyp.