Author's response to reviews

Title: Granulocytic sarcoma of the pancreas: A case report and review of the literatures

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Author's response to reviews:

Dear editor:

Thanks a lot for the referee’s advise. According to the advice, I have made the revisions.

1. The figure legend of the figure2 has been changed into: Infiltration of pancreas by immature neoplastic myeloid cells.

2. In the last paragraph in the discussion the importance of the chemotherapy has been stated.

3. In the case presentation part, the treatment of the patient has been added and the patient is doing well now. Although the patient had no evidence of concomitant AML, the haemologist did suggest chemotherapy with cytarabine. The patient is followed up and currently doing well. The blood test and bone marrow infiltration show no sign of AML.

4. The form of the reference has been revised according to the guideline for the author.

5. The grammar and syntax errors have been carefully checked.

6. Abstract section: It forms a solid malignant tumor consisting of myelocytes or granulocytes and is typically located in bone; occurrence in other parts of the body is rare.

It forms a solid malignant tumor consisting of myelocytes or granulocytes and is typically located in bone while occurrence in other parts of the body is rare.

7. Abstract section: “In our review of the published reports of GS, we only found six reports of the GS in the pancreas, and that immunohistochemical staining should be used to accurately differentiate GS from other pancreatic cancer and other types of leukemia.”

In our review of the published reports of GS, we only found six reports of the GS in the pancreas, and we suggested that immunohistochemical staining should be used to accurately differentiate GS from other pancreatic cancer and other types
of leukemia.

8. Abstract section: “Accurate diagnosis of GS is necessary for determining prognosis and deciding appropriate therapy.”

The accurate diagnosis of GS is necessary for determining prognosis and deciding appropriate therapy.

9. Case presentation section: The patient was discharged on postoperative day12 in stable condition. Although the patient had no evidence of concomitant AML, the haemologist did suggest chemotherapy. He has been followed up and is currently doing well.

Although the patient had no evidence of concomitant AML, the haemologist did suggest chemotherapy with cytarabine. The patient is followed up and currently doing well. The blood test and bone marrow infiltration show no evidence of AML.

Yours sincerely

Yefei Rong