Author's response to reviews

Title: Hepatobiliary cystadenocarcinoma without mesenchymal stroma in a female patient: a case report

Authors:

Yang-Hong Dai (he165076373@hotmail.com)
Yee Hui Yeo (yeehui88@gmail.com)
Chung-Bao Hsieh (albert0920@yahoo.com.tw)
Yu-Lueng Shih (albreb@ms28.hinet.net)

Version: 2  Date: 7 June 2014

Author's response to reviews: see over
Dear Prof. Tandon,

Please find enclosed our manuscript, "Hepatobiliary cystadenocarcinoma without mesenchymal stroma in a female patient: a case report" by Yang-Hong Dai et al., which we would like to submit for publication as a case report in BMC Gastroenterology.

Hepatobiliary cystadenocarcinoma, a rare cystic neoplasm, can be divided into two subgroups - with and without mesenchymal stroma. In general, hepatobiliary cystadenocarcinoma without mesenchymal stroma is rare in female and present worse outcomes. We report here on a case of a hepatobiliary cystadenocarcinoma without mesenchymal stroma in a female patient. She remains in healthy status one year after surgery. More important, regarding to her history of chronic HBV infection and repeated hepatolithiasis, we propose a causal link between this rare disease and chronic inflammatory insults. We believe our findings would appeal to the readership of BMC Gastroenterology.

The authors hereby claim that the content of the manuscript is original and it has not been published or accepted for publication, either in whole or in part, in any form. No part of the manuscript is currently under consideration for publication elsewhere. All authors have approved the manuscript and agree with its submission to BMC Gastroenterology.

Your kind assistance in evaluating this manuscript is highly appreciated. We look forward to hearing from you at your earliest convenience.

Sincerely yours,
Review 1

Major compulsory

The differentiation of biliary cystadenocarcinomas from IMPN-B and intrahepatic cholangiocarcinoma is a pathologist’s nightmare, with many pathologists reluctant for giving a diagnosis of cystadenocarcinoma when OS is missing;

a) Did you use any IHC staining for mucins and CK-7/20.
b) How many samples of the specimen were analyzed, as in some patients OS may be focally present. The article needs more CT pictographs with vivid delineation of the lesion and the surrounding liver architecture and a IHC picture if done.

The USG picture quality is not so good.

Some intraoperative photographs and the pictures when grossing the specimen would be more than handful.

Minor Essential Revision

Your article has some grammatical corrections amidst the colloquialism of language.

The exclusivity of ovarian stroma and female sex as regarding cystadenocarcinomas is not a rule thou much more common.(Bardin et al, 2004).

Major compulsory

a) We sincerely thank the reviewer for the question. Zen et al. [1] demonstrated that some cases of biliary cystadenocarcinoma (BCA) did not show the feature of ovarian stroma. Up until now, there is still lack of definite evidence to discriminate BCA from biliary IPMN and intrahepatic cholangiocarcinoma. In our case, 3 points may support the diagnosis of BCA. First of all, this tumor presented as multicystic appearance with several fibrous septa, such as “cysts-in-cysts” grossly. Second, several foci of papillary projection existed in this tumor. Soares et
al. [2] proved that both of biliary IPMN and MCA had this microscopic picture. Last, this tumor did not communicate with intrahepatic bile ducts after series section. Above all pathological findings, MCA may be the most proper diagnosis in this case.

CK7/20 stains showed positive results in this case. However, we respectfully indicate that these stains cannot discriminate MCA from biliary IPMN and intrahepatic cholangiocarcinoma (please see attached figures).

The pathologist cut this tumor as 11 sections and this tumor was totally embedded (see attached figures).

b) We thank the reviewer for the advice. We have redone a figure by merging four CT images with/without contrast to delineate the contour of the cystic tumor. These figures are showed as figure 2.

c) We sincerely thank the reviewer for the suggestion. We have chosen another USG picture with higher resolution to replace figure 1.

d) We sincerely thank the reviewer for the suggestion. We have added the picture of gross section of the resected tumor as figure 3.

Minor Essential Revision

We thank the reviewer for the advice. We have proofread our article and made some corrections for the grammatical mistakes.

Reference:


Figures:
a. Mucin stain shows focally positive result

b. CK7 staining shows positive result
c. CK20 shows positive result
Review 2

This case report indeed describes a rare form of case.
1) Authors have done thorough literature search to suggest possible etiology which can be little shortened.
2) Though they have mentioned about poor prognosis, they have not mentioned survival rates.
3) Early detection and complete resection holds true for almost all cancers. Absence of OS should not lead to conclude the same.

1. We sincerely thank the reviewer for the advice. The literature review has now been appropriately shortened on page 8 – 10.
2. We sincerely thank the reviewer for the suggestions. Due to the low incidence rate, we are not able to obtain survival rate from large-scale study. However, we do find two studies that mentioned cystadenocarcinomas without OS may lead to death in over half the patients. The survival rate of cystadenocarcinomas without ovarian-like stroma is cited on page 8.
3. We thank the reviewer for the feedback. We agreed with the reviewer that the concept of early detection and resection is warranted for almost all cancers. In current case, early resection may help physician to differentiate cystadenocarcinoma from cystadenoma [1]. Furthermore, excision of hepatobiliary cystadenocarcinomas may prevent metastases. and resection of benign tumors may prevent malignant progression [2-3]. As there is no specific guideline, early detection and resection of hepatobiliary cystadenocarcinomas may represent the essential therapeutic strategy before a more potential therapy emerges.

Reference: