Author’s response to reviews

Title: Solitary breast metastasis from myxoid liposarcoma.

Authors:

Masahiro Yokouchi (masahiro@m3.kufm.kagoshima-u.ac.jp)
Satoshi Nagano (naga@m2.kufm.kagoshima-u.ac.jp)
Yuko Kijima (ykijima@m3.kufm.kagoshima-u.ac.jp)
Heiji Yoshinaka (heiji@m3.kufm.kagoshima-u.ac.jp)
Hirofumi Shimada (mac1mickmick2@yahoo.co.jp)
Shunsuke Nakamura (hhxt0y@hotmail.co.jp)
Takako Yoshioka (yoshioka@m2.kufm.kagoshima-u.ac.jp)
Akihide Tanimoto (akit09@m3.kufm.kagoshima-u.ac.jp)
Shoji Natsugoe (natsugoe@m2.kufm.kagoshima-u.ac.jp)
Setsuro Komiya (skomiya@m3.kufm.kagoshima-u.ac.jp)

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Dear Editor:

Thank you very much for your valuable comments on our manuscript. We have comprehensively modified our paper in accordance with the reviewers’ comments and requests, and wish to resubmit the revised manuscript. The revised portions in the manuscript are denoted in red font.

Our replies to the reviewers’ comments are listed below.

Reviewer 1

Following the reviewer’s comments on the case presentation, we have corrected the sentence as follows:

Original sentence,
“Macrocalcifications were not observed.”

Revised sentence,
“Macrocalcifications were not observed.”

In accordance with the reviewer’s comments about the discussion, we have added the following sentence:

“According to the literature, breast metastases occur more frequently in malignant melanomas, sarcomas, lung cancers, ovarian tumors, renal carcinomas, and thyroid tumors [3,11,12]. Previous reports have suggested that breast metastases from different primary tumors have distinct radiological patterns. For instance, the largest lesions occurred in rhabdomyosarcomas, followed by hepatocellular carcinomas and squamous cell carcinomas of the
head and neck region. The smallest lesions occurred in thyroid gland carcinomas [13]. Most breast metastases showed circumscribed margins, while metastases from rhabdomyosarcomas were microlobulated [13]. On ultrasound, breast lesions in lung cancers were usually inhomogeneously hypoechoic with circumscribed margins and demonstrated posterior shadowing in almost 50% of the cases. Breast metastases from ovarian carcinomas have typically microlobulated margins and posterior enhancement [13].”

In addition, we have cited the following references in the revised manuscript:


Reviewer 2

1. Language
   a, b
   In accordance with the reviewer’s comments about abbreviations, we have spelled out STS, HE, and MLS. In addition, we re-checked all abbreviations throughout the paper.
   c
   As the reviewer recommended, we have defined the abbreviations CT and MRI at their first use.

2. Structure
   In response to the reviewer’s comments, we have reduced the number of co-authors. Since the patients were treated by two different departments (Orthopedic Surgery and Breast and Thyroid Surgery) and pathological confirmation was needed, we judged the remaining co-authors to be deeply involved in this study.

3. Science
   a
   As the reviewer recommended, we have reported the TNMG staging of the
original sarcoma (T2b N0 M0: stage IIB) in the case presentation section.

b
As the reviewer recommended, we have reported the margins of resection for the breast mass (1 cm from the edge of the tumor) in the case presentation section.

c
In response to the reviewer’s comments about PET/CT, we have added the following sentence in the discussion section:

“PET/CT is widely used for staging in various malignancies, especially for nodal and distant metastasis staging. In general, sarcomas tend to be 18F-fluorodeoxyglucose avid and whole-body PET/CT is described as an ideal modality for staging malignant soft tissue sarcomas [9]. However, several recent studies have reported wide-ranging sensitivities and specificities for this method of detection of metastatic soft tissue sarcoma [19]. Although we used PET/CT in the preoperative evaluation of this patient, the utility of PET/CT for the staging of soft tissue sarcoma remains to be defined [19].”

In addition, we have cited the following reference in the revised manuscript:


d
In response to the reviewer’s comments, we have revised the sentence in the case presentation section as follows:

Original sentence

“The patient’s postoperative course was uneventful, and no recurrence or new metastases were observed 5 years after resection of the metastatic lesion in the breast.”

Revised sentence

“The patient’s postoperative course was uneventful. Since most sarcomas recur in the lungs, the patient has been carefully observed with repeated total body CT imaging. No recurrence or new metastases in the lungs or elsewhere were observed in the 5 years after resection of the metastatic lesion in the breast.”

We would appreciate your evaluation of our revised manuscript and look forward to your response.

Respectfully yours,

Masahiro Yokouchi, MD, PhD
Department of Orthopaedic Surgery,
Kagoshima Graduate School of Medical and Dental Sciences,
8-35-1 Sakuragaoka, Kagoshima,
Japan 890 - 8520
Tel.: +81-99-275-5381
Fax: +81-99-265-4699
E-mail: masahiro@m3.kufm.kagoshima-u.ac.jp