Author's response to reviews

Title: Atypical Presentation of Hepatocellular Carcinoma: A Mass on the Left Thoracal Wall

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Version: 2 Date: 3 September 2004

Author's response to reviews: see over
Thank you very much for considering our manuscript entitled “Atypical Presentation of Hepatocellular Carcinoma: A Mass on the Left Thoracal Wall” for publication in the “BMJ Cancer”. We also thank the Editorial team and the Referees for their crucial contributions.

We have reviewed all the valuable comments made by the Reviewers and revised the manuscript accordingly. Below please find the list of the corrections made. Please do not hesitate to make any further change according to the requirements of the journal.

Reviewer’s report
Title: Atypical Presentation of Hepatocellular Carcinoma: A Mass on the Left Thoracal Wall
Version:1 Date: 10 August 2004
Reviewer: Shivaani Kummar
Reviewer’s report:
General
The authors present an interesting case. In my opinion, a more detailed discussion will be helpful.
The issues to mention are:
1) diffuse-type HCC—as no liver biopsy was performed, the diagnosis was based on presence of portal vein thrombosis. The elevated AFP could have been secondary to an HCC arising in an ectopic liver. Any specific radiologic features that were felt to indicate the this is HCC in the liver and not just cirrhosis. Ref: HCC of diffuse type: MR findings and clinical manifestations. J Magn Reson Imaging. 2003 18(2):189-195.
2) Ectopic liver with hepatocarcinogenesis-this could present such a case, which is usually treated with surgical resection and has a good prognosis. Ref: Ectopic liver and hepatocarcinogenesis: report of 3 cases with 4 years f/u. Eur J Gastroentrol Hepatol 2004 16(8) 731-735.
3) The authors mention that brain is a common site of HCC metastasis which is not entirely accurate. In a review of 3100 cases presented by Kim et al (J Neurooncol 1998;36:85-90) the incidence of CNS mets was 0.6%. A recent review on metastatic HCC with brain met: Metastatic HCC. Kummar S, Shafi NQ. Clinial Oncology 2003;15:288-294.

We tried to discuss these issues in the revised manuscript

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

What next?:
Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest An article of importance in its field:
Quality of written English: Acceptable
Reviewer's report

Title: Atypical Presentation of Hepatocellular Carcinoma: A Mass on the Left Thoracal Wall
Version: 1 Date: 23 August 2004
Reviewer: David K Imagawa

Reviewer's report:

General
The authors present an interesting case report of hepatocellular carcinoma and chest wall metastasis. There is, however, some concern over the diagnostic and treatment strategy on this patient. Currently, most experts would agree that liver biopsy is not necessary to confirm the diagnosis of hepatocellular carcinoma. The authors fail to justify the need for a biopsy in this patient.

We tried to discuss this issue in the revised manuscript.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1. Describe the physical exam in terms of hepatomegaly, liver masses, splenomegaly and ascites.
   Described
2. More fully describe the CT report of the abdomen. Was there a clear mass or infiltrating lesion?
   Described
3. In discussion change "the etiology of HCC seems to be" to "the etiology of HCC was"
   Changed
4. Change "AFP is frequently increased in HCC" to "AFP, when elevated"
   Changed

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)
1. Give hepatitis B e antigen and viral DNA status, if available.
   Added
2. Was a bone scan performed? Were there any other sites of bony involvement?
   Corrected
3. The establishment of diagnosis of metastatic HCC is rarely problematic (discussion).

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests: None