Author's response to reviews

Title: Benign Ancient Schwannoma of the abdominal wall: An unwanted birthday present.

Authors:

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Author's response to reviews: see over
Dear Sir,

Re: MS: 1672341959286878: Benign Ancient Schwannoma of the abdominal wall: An unwanted birthday present. Bhatia RK, Banerjea A, Ram M, & Lovett BE

Thank you for your responses regarding our case study and I apologise for the delay in replying.

We have reformatted our manuscript in line with both your and your referrees’ comments as outlined below:

**Referee 1:**
Although diagnostic procedures including CT Scan, MRI, FNAC and FNAB are described in detail, the authors conclude, that excision is best for diagnosis; so why bother if you take it out anyway?
As schwannomas are usually identified as incidental masses/lesions of unknown origin on radiology scans there is often some confusion initially as to the diagnosis. Often further investigations such as contrast CT and MRI are used to gain further information on the lesion and to outline its relation to surrounding structures especially if surgery is planned. Although FNAC is used, it is not as accurate as FNAB. Of course excision is always best for diagnosis, however the reason for performing these tests as opposed to rushing straight for surgery is primarily avoiding the risks of major surgery and general anaesthesia should a confident diagnosis be made on a less invasive test such as FNAB. If this can be made, surgery and its associated risks can be avoided completely and a watch and wait policy can be adopted to see if the lesion actually produces any symptoms in an individual’s lifetime.

The histological and immunohistochemistry -findings are too extensively discussed for a case report; some shortening might be an issue
The manuscript has been modified extensively and the histological and immunohistological sections have been cut down considerably
The economical consequences and burden to public healthcare delivery and funding of Life Scans. This aspect could be discussed more detailed, e.g. costs, morbidity of further interventional procedures, ethical aspects, the trembling uncertainty of the patient, etc. Furthermore this could be the keypoint of the whole case report instead of the description of a very rare benign disease as main topic.

The document has been revised considerably to make this the focus of the case report although we do still acknowledge the importance of the lesion in the location it was found.

Typing errors should be corrected
These have been corrected and the paper proof read

Macroscopic figures can be omitted, the CT scan is very instructive as well as the microscopic pictures
These have been omitted

Referee 2:
As stated in the reference textbook on this topic “Enzinger and Weiss’s Soft Tissue Tumors” by S. Weiss and J. Goldblum, Elsevier, 2007 page 862, these tumors are mainly located in deep structures such as the retroperitoneum and abdomen.

We welcome the comments made above. We have carried out a thorough literature review as lauded by Referee 1 and we found in the multiple journals referenced that ancient schwannomas were predominantly found in the head, neck and flexor surfaces of extremities. We do mention in our case report that there have been reports of ancient schwannomas being found in the retroperitoneum, pelvis, perineum, and abdomen- e.g. adrenals, kidneys and even masquerading as an inguinal hernia and provide references as such. Despite our search we could not find a reported case in the English literature of an ancient schwannoma of the abdominal wall. However despite this we have changed the emphasis of the paper onto not only what we believe is the unicity of the case but also onto the merits and perils of the whole body CT screening test in asymptomatic individuals and its clinical, ethical and health economical consequences.

Figure 6 showing immunohistochemistry for S-100 should be replaced by another one of better quality and discussion appears to be rather redundant
In line with the change of emphasis, we have decided to remove detailed description of the immunohistochemistry and therefore remove Figure 6. We have also modified the discussion extensively.
Associate Editor:
I would suggest to reconsider the manuscript with moderate revisions.
This case report is rare and interesting, but even more interesting is the topic of incident findings of modern imaging technology and their consequences.
Discussion regarding histology is too extensively discussed and partly redundant. Figure 6 should be replaced by another immunohistochemistry of better quality.
The author should emphasise on the value and the economical consequences of routine examinations such as "birthday CT-scans"
In line with your comments we have revised the manuscript extensively in line with the change of emphasis on the incidental findings of whole body CT scans. We have cut down the pathological detail extensively, removed unnecessary figures and modified the discussion accordingly.

Consent: Can I therefore ask you to please provide us with a copy of the consent form signed to by the patient (or their relative), either via post, fax (+44 (0)20 3192 2011) or email?
We are currently in the process of recovering the consent form from the patient’s notes and will forward you a copy as soon as possible.

The manuscript should also include a statement to this effect in the 'Acknowledgements' section, in follows: "Written consent was obtained from the patient or their relative for publication of study". This has been added.

Abstract- Please could you structure your abstract according to the guidelines provided at the link below: http://www.biomedcentral.com/info/ifora/abstracts
The abstract has been modified. We decided to merge the methods and results section of the abstract as this is a case report and the two are intertwined.

I hope you enjoy reading our modified manuscript and hope that you feel that it is now suitable for publication in BMC Surgery. Should you have any queries please do not hesitate to contact us.

Thank you for your cooperation

Yours sincerely,

Dr Ravi Bhatia,
House Officer to Ms Lovett (Consultant Surgeon, Basildon Hospital)