Author's response to reviews

Title: Pleomorphic lobular carcinoma of the male breast with axillary lymph node involvement: a case report and review of literature

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

I would like to thank you for sending us the reviewers’ comments pertaining to our manuscript. Through this letter we will aim to address all the concerns raised by the peer reviewers. We will also try to list all the changes that have been made to our manuscript to accommodate the recommendations made by the reviewers.

- **Reviewer No. 1 (Dr. Lingkuan Kong)**

  Dr. Kong requested the addition of some imaging data to the case report. In lieu of his recommendation, a computed tomographic image of the patient’s postoperative scan has been added highlighting Rt. sided gynaecomastia and postoperative changes with seroma formation in the left breast. This figure has been labelled as **Figure 1**.

  Preoperative scans are unfortunately not available as the patient was in possession of the films and he was lost to follow up after completing 4 cycles of chemotherapy. The scans were done from an outside facility due to cost constraints on the patient’s part and hence the digital scans are also not part of the database at our institution. All attempts to get in touch with the patient and his family to ascertain followup status and to procure pre-operative scans were unsuccessful.

  Dr. Kong had no concerns or recommendations regarding the text of the manuscript and hence no changes were made to the text based on his review.

- **Reviewer No. 2 (Dr. Mitsuaki Ishida)**

  Dr. Ishida has requested for the detailed date of the liver function in his review. In accordance with his recommendation, we have added the timing of the liver function tests to the text and the text on page 2, line 30 now reads “His **preoperative** blood workup was essentially normal although liver function tests did reveal a marginally elevated alanine transaminase (ALT) at **64 IU/L**.”

  Although the exact date of performance of the liver function test is available and can be provided, we are unclear if this would have any bearing to the integrity and completeness of our manuscript. We would however be more than happy to provide the exact date if deemed necessary by Dr. Ishida.

  We have also added the exact value of ALT in our text to make things clearer and hope that we have been able to satisfy Dr. Ishida’s concern appropriately.

  As per Dr. Ishida’s recommendation the statement on page 3, line 4 reading “tumor cells show moderate to …” has been changed to “tumor cells **showed** moderate to …”.

  As per Dr. Ishida’s recommendation of adding a description regarding the presence or absence of the acini and lobules of the breast, the microscopic description on page 3, line
5 has been changed from “There was absence of an intraductal component whereas gynaecomastia was evident in the surrounding breast tissue. The lesion was reported …” to “There was absence of an intraductal component whereas gynaecomastia was evident in the surrounding breast tissue characterized by breast ducts lined by double layer of epithelium with mild ductal hyperplasia. Breast acini or lobules were not identified. The lesion was reported …”

Dr. Ishida also requested the addition of a figure demonstrating gynaecomastia in the patient. In lieu of his recommendation, a computed tomographic image of the patient’s postoperative scan highlighting Rt. sided gynaecomastia and postoperative changes with seroma formation in the left breast has been added. This figure has been labelled Figure 1.

The quality of Figure 2 which is now Figure 3 has been improved as per Dr. Ishida’s recommendations. We have now included an image of better quality.

- Additional changes

We have made some changes to the original manuscript to accommodate followup information regarding the patient and some changes have been made to make things clearer. The changes made are listed below.

The last sentence in “Case Presentation” of the Abstract (page 1, line 18) has been changed from “The patient has completed 2 cycles of adjuvant chemotherapy without evidence of recurrent disease” to “The patient completed 4 cycles of adjuvant chemotherapy without evidence of recurrent disease and was subsequently lost to follow up.”

On page 2, line 33 the statement “ultrasound showed mild fatty infiltration” has been changed to “ultrasound of the liver showed mild fatty infiltration.”

On page 2, line 35 a sentence has been added which states “His postoperative course was uneventful except mild seroma formation at the surgical site (Figure 1)”. This sentence has been added to accommodate the newly added figure 1.

On page 3, line 18 the statement “He has received 2 cycles of adjuvant chemotherapy so far and is doing well.” has been changed to “He completed 4 cycles of adjuvant chemotherapy without any evidence of recurrence and was subsequently lost to followup”.

We have made our best attempt at trying to address all the concerns of the peer reviewers’. In case there are any further questions, please do not hesitate to contact us.

Thanking you,
Yours Sincerely,
Muhammad Nauman Zahir