Author's response to reviews

Title: Schwannoma of the external auditory canal: A case report

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Title: Schwannoma of the external auditory canal: a case report

Dear Editor,

We would like to submit the revised version of manuscript entitled “schwannoma of the external auditory canal: a case report” to ‘Head and Face Medicine’ journal.

Below are the replies to reviewers' comments:

Reviewer: David Stickler

A histopathological section was included in the case. Knowledge about the pathological findings (Antony A/B areas etc) was given in the discussion section.

Spelling errors were corrected as follows:

Abstract line 4. ‘presented with’

Background. The last sentence was changed as ‘In head and neck region, schwannomas most commonly appear as acoustic neuroma (25-45%) [1]. These tumors are rarely diagnosed in the external auditory meatus [2, 3].’

Case presentation, final line page 1. ‘recurrence’

Discussion, line 6. ‘is innervated with the sensory branches of V, VII, IX, X and cervical plexus.’

Discussion line 9. Comma was added after the word ‘mass’

Discussion line 13. The sentence was changed as ‘In case of a mass obscuring the inspection of the inner parts of the external meatus, CT scan is very useful in making decision about the
extent of the lesion, integrity of the tympanic membrane and the type of the surgical approach.’

Discussion line 15. ‘of’ was inserted and ‘s’ was deleted from ‘consists’in the sentence of ‘Schwannomas consist of a true capsule facilitating the surgical dissection’.

The mass was enhancing with contrast in a patchy manner. It was a contrast enhanced image and the best one we could include. We added this explanation in the case presentation section, line 10 as ‘The mass showed patchy contrast enhancement with no invasion of middle ear or surrounding bone/cartilaginous structures.’

Reviewer: Jean-Philippe Maire

Case presentation last sentence. Duration of the follow-up period was included as ‘There were no signs of local recurrence or narrowing of the external auditory canal during a 6 months of follow-up period.’.

Figure legend, we added the sentence of ‘Diagnosis was reported to be schwannoma by histologic examination’.

Reviewer: Alexandre R Bisdorff

Duration of symptoms was given in the sentence ‘She had a history of progressive right sided hearing loss and recurrent external otitis over a period of 12 months.’, case presentation; line 3. It was her first visit to our clinic, but it was learned that several times before, she had been advised about an excisional biopsy. It was her preference to wait. Speed of the growth of schwannomas are very slow. To our knowledge there is no difference about the growth rates according to location given in the literature.

Case presentation last sentence. Duration of the follow-up period is included as ‘There were no signs of local recurrence or narrowing of the external auditory canal during a 6 months of
follow-up period.’. It is known that, if excised completely by a careful dissection conserving the integrity of capsule, recurrence of the schwannoma is extremely rare. This knowledge is given in discussion section, last para. In the literature, according to few cases located in the external ear canal, there is no reported recurrences.

Schwannomas can occur along all the pathway of the peripheral, cranial or autonomic nerves. There is also other locations as cervical plexus schwannomas located in the neck. Our aim is to report this rare location.

In the discussion section we added knowledge about neurofibromatosis and von Recklinghausen’s disease.

S-100 protein is an indicative of Schwann cell. It is positive in all differentiated schwann cell tumors as neurofibroma. In less differentiated forms it can be negative. This knowledge was also added to discussion beginning with the sentence ‘A positive S-100 protein is the indicative of Schwann cell origin. Neurofibroma also originates from Schwann cells and must be considered in histopathologic examination.’

P. 4 The sentence was changed as ‘In case of a mass obscuring the inspection of the inner parts of the external meatus, CT scan is very usefull in making decision about the extent of the lesion, integrity of the tympanic membrane and the type of the surgical approach.’

The mass enhances with contrast in a patchy manner. It’s a contrast enhanced image and the best one we could include. We added this explanation in the case presentation section, line 10 as ‘The mass showed patchy contrast enhancement with no invasion of middle ear or surrounding bone/cartilaginous structures.’

Sincerely yours,

Ozgul Topal, MD