Author's response to reviews

Title: Esthesioneuroblastoma: One of the rare causes of proptosis

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Reply to Referee 1:

Regarding management:

Open craniofacial resection or endonasal endoscopic resection is done for stage A and B tumors. Chemotherapy is usually implemented in patients with locally advanced, metastatic or recurrent disease (11,12,13,16). The commonly used chemotherapy combinations are cyclophosphamide plus vincristine and cisplatin-based regimens (14). The combination of surgery and radiotherapy is the most frequent treatment approach with highest cure rates, however definitive radiotherapy as a conservative management is also used. Despite definitive local therapy, local recurrence and distant metastases have been reported with the metastasis being 25.0-50.0% of cases. In patients with recurrent or metastatic olfactory neuroblastoma, chemotherapy is therefore often implemented. Radiotherapy is usually adopted as an adjuvant following surgery, especially for cases with neck metastasis or as a neoadjuvant before surgery (15,16).

Multiple recent references related to management has been added.

Reply to Referee 2:

Discussion: In our patient, the neoplasm has infiltrated the left orbit through destruction of medial orbital wall resulting in proptosis.

Conclusion: In conclusion, clinicians should be aware of this malignant disease and proptosis should be considered as one of the differential diagnosis of esthesioneuroblastoma.

CT: Fine-cut CT scan (3 mm slice thickness) with direct coronal imaging is the initial radiological study of choice.