Author's response to reviews

Title: Asymptomatic Schwannoma of the heart

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Author’s response to reviews: see over
Revisions to manuscript

Title: Asymptomatic neural tumor of the heart.

MS number: 2097855201117624

Reviewer: Clive Lee

Major Compulsory Revisions

Written informed consent was obtained from the patient. The patient had no objection to the above paper being published.

Minor essential revisions

Corrections noted and manuscript amended.

Reviewer: Shigeaki Aoyagi

Major Compulsory Revisions

Question 1

The patient had a history of peptic ulcer disease and had a Billroths type II procedure performed 10 years ago. As there have only been ten cases reported worldwide of cardiac schwannomas there is limited information on whether there is any association between peptic ulcer disease and atrial schwannoma. We feel it is unlikely there is any association between the two.

Question 2

The discrepancy between MRI findings and histological findings is due to the fact that MRI may not be completely accurate when delineating the exact perimeters of cardiac lesions due to the dynamic nature of the scan.

Minor essential revisions

The ‘71% of 10’;
A review of the literature shows that there have been 14 previous cases of atrial schwannoma. The 71% (10) refers to 10 out of 14 that were female.

Reviewer: Charles Connolly

Major Compulsory Revisions

Question 1

This patient had a history of peptic ulcer disease. He had a Billroths type II procedure ten years previously. On this admission he had a gastroscopy which showed evidence of gastritis which settled with intravenous omeprazole.
The reason this patient had an echocardiogram (ECHO) was he had phenotypical features consistent with Marfans syndrome. The ECHO identified the tumour. The diagnosis of Marfans syndrome was later excluded.

Question 2

CD 34 staining was done. The staining was only weakly present around surrounding blood vessels and therefore was felt to be non-specific and was not representative of an atrial myxoma. Smooth muscle markers were also done and were negative.

A definitive diagnosis of an atrial schwannoma was made because of strong diffuse uniform staining for s100beta typical for atrial schwannoma and the characteristic immunohistochemical appearance.

The differential diagnosis included a paraganglioma, neurofibroma and myxoma. It was not a paraganglioma as no well-formed ganglion cells were present. The diagnosis of neurofibroma was excluded due the presence of numerous blood vessels within the tumour. The weak CD 34 staining and S100beta staining excluded an atrial myxoma.

The low mitotic index was assessed using both ki 67 and also immunostaining.

The above information was provided by consultant pathologist Dr. Marie Kennedy MD FRCPath who will be added to the authorship list.

Minor Essential Revisions

None

Reviewer: Sanjay Pai

Major Compulsory Revisions

Question 1

The title shall be changed to ‘Asymptomatic schwannoma of the heart’.

Question 2

Refer to; Answer to Question 1 of Charles Connolly major compulsory revisions.

Question 3

Refer to; Answer to Question 2 of Charles Connolly major compulsory revisions.

Question 4

Thank you for this point. I should have written a full histopathological examination is required. Frozen specimens are excellent tissues to work with; however in our
Institution frozen section normally refers to a quick immunostaining as opposed to a full histopathological examination. The full spectrum of tests can indeed be performed on frozen sections. The sentence shall be re-written.

Question 5

The patient did not have von Recklinghausen’s disease.