Author's response to reviews

Title: Primary Pulmonary Blastoma of Monophasic variety- Diagnosis and Management

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Author's response to reviews:

Author Response

Reviewer's report:

Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

1. The quality of histologic photograph is poor. Please include more photographs, of higher quality. Maybe include low and high power.

Authors are extremely sorry that they can not produce better photographs.

2. The gross photograph has a very dirty unappealing background and there is no ruler for measurement (you can't do much about the ruler). Try to crop or "photoshop" background to make a nicer presentation.

The quality of photograph is improved now.

3. This is a surgical paper so I guess you should discuss the surgical technique more. For example lobectomy, pneumonectomy, is it video assisted thoracic surgery, etc.

A detailed surgical procedure of left upper lobectomy is mentioned in the second paragraph of the 'Case presentation'. Following paragraph is added and highlighted in the text.

The left upper lobe along with the tumor was reflected anteriorly and inferiorly and the left pulmonary artery was exposed by opening the posterior mediastinal pleura. An artery to the posterior segment, the apical-posterior arteries and an artery to the anterior segment were encountered and divided between ligatures. Distal dissection over the pulmonary artery led to the lingular arteries, which were also divided in ligatures. The anterior and posterior portions of the fissure were cut opened with the fine dissection and the parenchymal surface on the lower
lobe was sutured with Polypropylene 3-0 suture utilizing continuous technique. The upper lobe bronchus was visualized clearly and closed with the 30mm linear (TA) stapler. The distal branches of the superior pulmonary vein were ligated and transected and the lobe along with the tumor was removed (See Figure 5). Hilal lymph node sampling was performed, hemostasis achieved and the chest was closed routinely.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. My review of literature shows that average age is 43 years old. This patient is much younger, and that may be of interest to readers.
   The reference is included. Age of our patient is mentioned. Following lines are now added in the introduction.
   Pulmonary blastoma is observed in the fourth decade of life with mean age of occurrence in adults being 43 years, and shows a strong female preponderance.2 We present a case of a teenager affected with monophasic variety of pulmonary blastoma.

2. Improve the English. Some phrases are clumsy and can be better stated.
   English is improved in this revised manuscript.

Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

1. Include a few lines about why you are presenting this case, what made it so interesting/unique for you? Why do you think it is important to present this case?
   Following lines are now added in the literature
   Although over a hundred cases of pulmonary blastoma are reported in the literature, the monophasic variety is extremely rare.1,2 Pulmonary blastoma is observed in the fourth decade of life with mean age of occurrence in adults being 43 years, and shows a strong female preponderance.2 We present a case of a teenager affected with monophasic variety of pulmonary blastoma.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

None