Author's response to reviews

Title: Giant scrotal elephantiasis of inflammatory etiology: Case report

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Version: 2 Date: 12 March 2007

Dear Prof. Dr. Kidd,

please find enclosed our revised manuscript of "Giant scrotal elephantiasis of inflammatory etiology: Case Report" and a point-by-point response to the reviewers’ reports:

Reviewer Robert Rabenalt

Comments to authors:

General

"The authors should be congratulated on the successful management of this rare and interesting patient. I have a few comments to make:

1. The scenario is sufficiently rare to be of interest for at least a European readership."

We fully agree with the reviewer that scrotal lymphedema - especially in this extreme extent - is very rare in Europe. Thus we think it is necessary to report these rare sufferings and their treatment especially in non endemic areas. Physicians knowing more about scrotal lymphedema could have helped our patient sufficiently much earlier, the present case was not subject to adequate treatment for a long period of time.

"2. In the discussion about chronic lymphoedema perhaps complication such as superimposed acute infection should be mentioned, in particular necrotising fasciitis."

We apologize not to have worked out the menacing complications of massive scrotal lymphedema enough. Our patient showed only superficial decubitus ulcers without superimposed infection. But this can of course
easily occur - especially in situations of immunodeficiency like HIV positive patients in endemic regions or diabetes mellitus as in our case. Thus risk of necrotising fasciitis leading to Fourniers disease with life threatening situations is increased in this setting. The patient’s neurogenic bladder obstruction probably has caused development of scrotal lymphedema but perhaps has also - by leading early to the placement of a suprapubic cystostomy - secured the patient from severe complications. Please refer to the revised manuscript, page 5, lines 18-23.

"3. Generally, it is futile to employ conservative measures for the treatment of chronic lymphoedema of over ten years duration. Fibrosis of lymphatic channels and tissue is long established and regression is highly unlikely hence surgical management is almost always the only option. It should be emphasised that surgery is recommended to prevent disastrous complications particularly with diabetes and raised residual urine."

We agree completely on the need to state more clear that the patient was treated in an other hospital for three weeks by antibiotical means. When the patient was admitted to our institution we indicated at once the necessity of surgical treatment and - after essential diagnostics - performed scrotectomy. We have worked out these points more precisely in the revised manuscript (page 4, lines 1-3 and 23-27).

"4. Perhaps it would be interesting to remind the readers about a classification of lymphoedema."

We thank the reviewer for this proposal. We have implied the different causes of scrotal lymphedema. We have laid them out in our revised manuscript, please refer to page 5, lines 2-8.

Revisions necessary for publication

"Several grammatical errors and at times unfortunate choice of wording are apparent. All errors can not be listed here. Just as an example in line 5 of the abstract: diabetes mellitus was ruled out and not figured out.

If possible the manuscript should be reviewed by a native English speaker."

We thank the reviewer for this hint. Unfortunately there are in fact some grammatical errors in the text which was worked over by a native speaker accordingly.

Reviewer Patrick Bastian

Revisions necessary for publication

"Nice case presentation. I have only a few comments:

1. What does the author mean by immobile for at least 10 yrs due to the increased scrotum. How is immobile defined. Did the patient stay in bed for 10 yrs??" and

"3. How about follow up?"

Due to paralysis (spina bifida) the patient was dependent on the aid of his wheelchair since childhood. After development of the huge scrotal lymphedema the wheelchair could not be used any further and the patient rested in bed. He is very content with his regained ability to move independently by wheelchair and visits
regularly our institution for examinations - until to date without signs of recurrence. Please refer to page 4, lines 4-8 and page 5, lines 29/30.

"2. What does extramarital sexual contact mean? Any marital sex??"

With that connotation we wanted to point out that there were no hints on a sexually transmitted infection as possible cause for the scrotal lymphedema. In fact there is no history of any sexual contact prior to the development of the scrotal lymphedema. We apologize for our initial misleading formulation and thank the reviewer for his corrective remark. (page 4, lines 9/10 and page 5, lines 30/31)

We thank the reviewers for their supportive views and hope that the revised manuscript is suitable for publication.

Yours sincerely,

Wolfgang Otto, for all authors