Author's response to reviews

Title: Atypical presentation of Renal Cell Carcinoma: A case report

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Author's response to reviews: see over
Dear Editor,

We have received valuable comments from the reviewers. We are writing our response to both the reviewers here.

Reviewer 1: Todd Fredricks

We appreciate your valuable time and effort in reading and giving valuable comments on our article. We are indeed pleased to know that our article has met all the seven criteria set by the Journal of Medical Case Reports.

We have re-uploaded the CT scan image, and we have checked that it is uploaded correctly. We have used highest speed internet cable for proper transmission of the image. The quality of the image has been checked by our medical illustration department. We hope it gets fully transmitted this time.

Reviewer 2: Charin Hanlon

We are indeed grateful to you for your constructive comments and evaluation of our article.

We have made every effort to make language correction, and the article has now been checked for English by an English teacher working in the UK.

Our extensive literature search has resulted that patients who have renal cell carcinoma can have fever for a long time. However to have fever and discover renal cell carcinoma, there is paucity of article. We found only one similar article in Acta paediatrica Taiwanica Dec 2005 46:388-391, where in a ten year old girl presented with fever and no palpable mass at the beginning. A Japanese article has referred review of some cases, where in they have identified that patients who have polycystic kidney disease are more likely to have fever (Gan no rinsho. Japan journal of cancer clinics, {Gan-No-Rinsho}, Aug 1985, vol. 31, no. 10, p. 1293-6, ISSN: 0021-4949. Author(s) Masuda-F, Yoshida-M, Kondo-N, Takahashi-T, Kondo-I, Furuta-N..). However, our patient had no pre-existing renal disease as an easy pointer. Therefore we feel that this case would be a good learning opportunity for doctors at the fore-front of practice, rather than the specialist in renal diseases.

Reviewer 1 has agreed that our case report will make a clinical difference, has diagnostic value and is worth reporting as it will persuade the practising doctors to think further for patients whose fevers do not subside with routine management.

We hope our detailed explanation would make the case worth reporting.

The general physicians and emergency physicians, who are not necessarily experts in oncology, see several cases of pyrexia routinely. To keep renal cell carcinoma in the list of differential diagnosis would help early diagnosis and life saving treatment of patients. The advances in oncology have improved
survival rates to a significant degree in renal cell carcinoma. With our case unusual but significant case report we wish to send the message to the practising first line doctors for the greater benefit of the patients.

RCC can be one of the great maswueraders in medicine, and we are making a small efoort here with our article to diagnose it early.

We have checked that the references are in order and as per the style required by the journal.

We are happy to discuss any matter further regarding this case.

Thank you.

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