Author's response to reviews

Title: Primary hydatid cyst of the adrenal gland resected laparoscopically

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Author's response to reviews: see over
Response to Reviewer Comments #1

Dear Reviewer,

Thank You for Your general comments on this manuscript “PRIMARY HYDATID CYST OF THE ADRENAL GLAND: DESCRIPTION OF A CASE AND REVIEW OF THE LITERATURE”.

Thank you very much for Your collaboration and interest for reviewing our paper.

Following the reviewers suggestions, a major revision of the English language was made, key point and additional information were added, showing the key aspects of the manuscript and the salient issues regarding the primary hydatid cyst of the adrenal gland treatment. We agree with Your suggestion. We elaborated and clarified several points. The discussion section was shortened.

Thank You very much for Your collaboration

Kindest Regards,

Gianlorenzo Dionigi
Response to Reviewer Comments #2

Dear Reviewer,

Thank You for Your general comments on this manuscript “PRIMARY HYDATID CYST OF THE ADRENAL GLAND: DESCRIPTION OF A CASE AND REVIEW OF THE LITERATURE”.

Thank you very much for Your collaboration and interest for reviewing our paper.

Following the reviewers suggestions, a major revision of the English language and typos was made, key point and additional information were added, showing the key aspects of the manuscript and the salient issues. We agree with Your suggestion. We elaborated and clarified several points.

POINTS #1-5 (LAPAROSCOPIC SURGERY)

We provide more information. We agree with the Reviewer, and the point was elaborated and specified in the Discussion Section of the paper.

The Authors desire to point out the fact that new technologies as laparoscopic surgery have enlarged the indications in endocrinology also to hydatid disease of the liver, lung and adrenal gland. Up to now this technique is the mini-invasive procedure more widely used in operating rooms.

The benefits of this surgery compared to open/traditional surgery are well now as less surgical scarring, less operative pain and shorter length of postoperative stay.

In general, drawbacks of this technique are the fact that a minority of patients qualifies for this approach (the volume of the adrenal masses to be removed often exceeds the possibilities of endoscopic surgery), and that the learning curve is quite long for the surgeon and the availability of surgeons experienced both in endocrine and in endoscopic surgery is scarce.

Puncture is contraindicated because of potential complications such as anaphylactic shock and spread of daughter cysts.

Please see the following reference:


OTHER REVISIONS

We Agree with the suggestion and the title was changed with: PRIMARY HYDATID CYST OF THE ADRENAL GLAND RESECTED LAPAROSCOPICALLY
We agree with the Reviewer, and the point was elaborated and less emphasis on the radiology was given.

We provide more information. We agree with the Reviewer, and the point was elaborated and specified. In the Discussion section we added: “In fact, eosinophilia is more likely to occur if the cyst leaks”. Please see this reference:


Again a major revision of the English language and typos was made

Thank You very much for Your collaboration

Kindest Regards,

Gianlorenzo Dionigi