Author's response to reviews

Title: Thyroglossal duct cyst carcinoma with concurrent thyroid carcinoma: a case report.

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Version: 5 Date: 9 January 2008

Author's response to reviews: see over
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Palermo, Italy – January 9, 2008

Dear Editor,

Here You will find the revised copy our manuscript entitled “Thyroglossal duct cyst carcinoma with concurrent thyroid carcinoma: a case report. We are looking forward to hear news from You as soon as possible and we thank You in advanced for Your kindness.

Sincerely Yours

Vittorio Gebbia

REVIEWER N. 2

pg 2, abstract, introduction, end of last sentence ?? but needle aspiration cytology, ultrasound and CT may play a role in the rising a suspicion of malignancy.? This is not good grammar.
Language changes have been made as suggested.

pg 3, introduction, 2nd paragraph, 3rd sentence ?The peak incidences for women and men are the third and sixth decades, respectively, with an age and sex distribution is similar to patients with thyroid carcinoma.? Reword, two sentences to make clearer. Think authors are trying to say that the age incidence and sex distribution of thyroglossal duct carcinoma and thyroid carcinoma are similar. The sentence has been split in two parts as suggested.

pg 3, introduction, 2nd paragraph, 5th sentence ??show distant metastases sowing a prognosis is similar to the thyroid papillary carcinomas.? There is a misspelled word and poor grammar. Mistakes have corrected.

pg 3, introduction, 3rd paragraph, I would make this two paragraphs with ?Presentation is similar?? as the start of other paragraph. It has been done as required.

pg 4, case presentation, 1st paragraph, 3rd sentence ?Medical history was positive?? either change to two sentences or change while negative to it was negative. The sentence has been re-built.

pg 4, case presentation, 1st paragraph, 8th sentence ?A neck sonogram?? There is a misspelled word (slightly). Spelling errors have been corrected.

pg 4, case presentation, 1st paragraph, 10th sentence ?A small 1 cm wide lymphnode close?? There are two misspelled words in this sentence (lymphnode, excided). Spelling errors have been corrected.

pg 4, case presentation, 1st paragraph, last sentence ?Post-op follow-up?? change as to was. Spelling errors have been corrected.

It seems inconsistent to me that the pre-op neck sonogram (pg 4, 1st paragraph, 8th sentence) showed no thyroid abnormality but the post-op one (pg 4, 2nd paragraph, 3rd sentence) had characteristics suspicious for malignancy. It is simply that first sonogram failed to reveal thyroid tumor, while second exam was more precisely carried out. Moreover nearly 3 weeks elapsed between the two exams. This is reality.

pgs 4-5, case presentation, 2nd paragraph, there are multiple misspelled words (lymphnode, thyglossal, futher, patholgycal, papillar, capsula, lymphonodes, may, captating, patients) and no period at the end of the second to the last sentence. Misspelled words have been corrected and period inserted.

What was the size of the tumor in the thyroid specimen and what were the thyroglobulin levels? Data have been added in the text (page 6).

pg 5, discussion, 1st paragraph, missspelled word (lymphonodes). Misspelled words have been corrected.
Clinical presentation resembles poor grammar, whole sentence. The sentence has been re-built.

The presence of a firm mass there are multiple misspelled words (thyoid, estimated, around). I would also change suspicion of malignancy although the incidence to suspicion of malignancy, although the incidence. Misspelled words have been corrected.

pg 7, conclusions, only paragraph, there are multiple misspelled words (lymphonodes, accurately). There is also poor grammar in the 2nd sentence. Misspelled words have been corrected.

Reviewer 1

1. It is not clear from the manuscript how many lymph nodes were involved with metastasis, and it would be helpful if anatomical zones are included in describing the lymph node assessment for metastasis. The number of metastatic nodes was already reported in the paper. No more data are available about this issue.

2. There is a clear lacking of comprehensive literature search, in order to be accurate about making strong statements: The authors state that: Carcinoma arising in this tract is an uncommon and not more than 155 cases have been reported but that is not correct, or at least incomplete. We published a paper in 1996 (Aldasouqi S, et al. The Endocrinologist 1996:6:238-244), in which we documented 246 cases, including 3 from our case series. Furthermore, I wrote a letter in 2002 (Aldasouqi S. The Endocrine Practice 2002;8:137), about another paper by Moncet et al (The Endocrine Practice 2001;7:463-466) to correct their stats. With the latter paper (3 cases) and a prior one by Heshmati et al from Mayo Clinic (12 cases), additional 15 cases would be added to our paper, making the total cases 261 cases up to 2002. I have not checked the literature thereafter, but clearly, the number by now should be way above the 150 cases as stated by the authors. Therefore, they should either not commit themselves to specific stats data, acknowledging the known rarity of the condition, or be more accurate in their literature review. Thanks for this observation. Since we think that the exact number of published cases is not mandatory for our report these data have been deleted from the text. We should also consider that we cannot insert too many references.

3. It could be a terminology locally used in Italy, but I have not previously heard the term “radiometabolic therapy”, referring to radioactive iodine therapy? Radioactive iodine substituted for radiometabolic as suggested. However there are 3 full pages of papers dealing with thyroid cancer reporting this term if one makes a quick research in PubMed searching for radiometabolic. This term is often employed in Europe.

4. The staging used, TNM, is a bit unusual to me (pT4b N1a M0 G2). I may probably have not known this one, but as applied to the thyroid, the three
parameters (T, N, M) are usually utilized. If the additional symbols the authors used are not that commonly applied, they should define these abbreviations, especially p, b, a, and G.

We do not think that this question needs an answer since the AJCC Classification of Thyroid Cancer is reported widely in most oncology textbooks. For instance, you can check one of the most comprehensive oncology textbook, i.e. De Vita, Hellmann Rosenberg Eds, Lippincott Williams and Williams, 7th edition, 2005, page 1504 Chapter 34.2, Cancer of the Endocrine Cancer. The abbreviations p, b, a, are therefore very well known. The G (which worldwide refers to grading) has been deleted since the grade of differentiation has been reported in the text.