Author's response to reviews

Title: Unusual orbital lymphoma undetectable by magnetic resonance imaging: a case report

Authors:

Maria Tatsugawa (tjfhq161@ybb.ne.jp)
Hidetaka Noma (nomahide@tymc.twmu.ac.jp)
Tatsuya Mimura (mimurat-ky@umin.ac.jp)
Hideharu Funatsu (hfunatsu@tymc.twmu.ac.jp)

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Title:

Unusual orbital lymphoma undetectable by magnetic resonance imaging: a case report

Dear Dr. Kidd:

Thank you very much for your e-mail of January 27, 2009 and for your helpful and constructive comments about our manuscript (MS: 1631817027248397) entitled “Unusual orbital lymphoma undetectable by magnetic resonance imaging: a case report.” According to the reviewers’ comments, we have revised our manuscript as described on the following pages.

We hope that the revised manuscript adequately addresses your concerns and those of the reviewers, and that our manuscript will now be considered acceptable for publication in your excellent journal.

Sincerely yours,
Hidetaka Noma

Hidetaka Noma, MD.
Department of Ophthalmology
Yachiyo Medical Center, Tokyo Women’s Medical University
477-96, Owada-shinden, Yachiyo, Chiba
276-8524, Japan
Tel: +81-47-450-6000
Fax: +81-47-458-7047
e-mail: nomahide@tymc.twmu.ac.jp
Reviewer #1 Comments and responses

Comment 1: This is an interesting case but the report itself needs some revision. In short, a patient presented with a left visual decline and eventually swelling of the left optic nerve was discovered. After courses of corticosteroids were given the right optic nerve became involved, particularly at the apex. Eventually the process spread into the soft tissues of the left orbit including infiltration of extraocular muscle. A biopsy of the latter site revealed a large cell lymphoma. There is no statement about the thoroughness and extent of the initial systemic workup.

Answer:
As suggested, details of the initial systemic workup have been added to the Case presentation (page 3, lines 2 and 3 from the bottom).

Comment 2: Further immunopathologic characterization of the orbital lymphomatous process would be worthwhile and is not provided.

Answer:
As suggested, information about immunopathologic characterization of the orbital lymphomatous process has been added to the Case presentation (page 4, lines 1 from the bottom to page 5, lines 5 from the top).

Comment 3: The imaging studies suggest intraparenchymal optic nerve disease, and the possibility of breakout into the surrounding orbital soft tissue should be explored as a possibility.

Answer:
We agree with this comment. This information has now been mentioned in the Case presentation (page 4, lines 1-4 from the bottom).

Comment 4: What was the length of follow-up and was a subsequent systemic workup performed to see if there was any CNS involvement or later emergence of systemic disease?

Answer:
As suggested, data about CNS involvement or later emergence of systemic disease during follow-up has been mentioned in the Case presentation (page 5, lines 6 and 7 from the top).

Reviewer #2 Comments and responses
Comment 1: If author performed examinations except visual acuity such as visual field and fluorescein angiography at the initial visit, please describe.

Answer:
As suggested, examinations other than visual acuity (Goldmann perimetry and fluorescein angiography) have been added to the Case presentation (page 3, lines 3-5 from the bottom).

Comment 2: The authors stated that all laboratory test was normal. Please describe what kind of tests were done.

Answer:
As also suggested by Reviewer #1 (comment 1), all laboratory tests have been added to the Case presentation (page 3, lines 2 and 3 from the bottom).

Comment 3: In the figure legend, please specify what kinds of MRI conditions were used in Figure 1.

Answer:
As suggested, MRI conditions have been mentioned in the Figure legend (page 9, lines 3-8 from the top).