Author's response to reviews

Title: Neuroendocrine carcinoma of the seminal vesicles presenting with Lambert Eaton syndrom: a case report

Authors:

Benedikt Kreiner (benekreiner@yahoo.com)
Stefan Denzinger (stefandenzinger@gmx.de)
Roman Ganzer (roman.ganzer@gmx.de)
Hans-Martin Fritsche (fritsche@email.de)
Maximilian Burger (maximilian.burger@klinik.uni-regensburg.de)
Wolf F Wieland (wieland@caritasstjosef.de)
Wolfgang Otto (wolfgang1.otto@klinik.uni-regensburg.de)

Version: 2 Date: 14 June 2009

Author's response to reviews: see over
Dear Prof. Kidd,
dear reviewers,


Reviewer I and II
We first of all thank the reviewers for their helpful amendments. In the following we respond to the reviewers’ remarks and want to make some substantial concretisations.

Reviewer I
Thank you for reviewing our case report and making helpful remarks. We have to concern not to state the diagnostic course clearly enough in our first version.
First symptoms of LEMS were already noticed two and a half year prior to the presentation in our institution. At that time no further diagnostic work was initiated.
After presentation in the Department of Neurology extensive neurological, internal and radiological investigations were initiated. An autoimmune disease as well as other neoplasms could be excluded. (fourth paragraph)
The size of the seminal vesicle tumor was 2.3x1.9cm as mentioned in the Case presentation section (sixth paragraph), after chemotherapy it regressed in parts to 2.0x1.7cm.
We are sorry that we only can provide the frontal sections of computed tomography.
Reviewer II
Thank you for your supportive view of the case report and your important questions.

Because of histological findings of a poorly differentiated neuroendocrine carcinoma with its immunhistochemistry similar to small cell lung cancer and the stadium of an advanced disease with evidence of lymph node metastasis (one lymph node lateral to the tumor, numerous lymph nodes suspicious for metastases paraaortal and right parailiacal and a circumscribed mass of 2.5 x 2.3 cm in extent in close contact to the psoas major muscle) we decided to perform chemotherapy with carboplatin and etoposid. (sixth paragraph)

First symptoms of LEMS were already noticed two and a half year prior to the presentation in our institution. At that time no further diagnostic work was initiated. After presentation in the Department of Neurology extensive neurological, internal and radiological investigations were initiated. An autoimmune disease as well as other neoplasms could be excluded. (fourth paragraph)

We are sorry that we cannot provide the Hounsfield Units of the CT scans. The findings in the radiological examination showed a tumor of 2.3 x 1.9 cm in extend. No evidence of an infiltration of neighboring organs or even of a metastatic disease was found.

As a differential diagnosis a carcinoma of the prostate gland is to be considered. Histological findings in the 10 core biopsy of the prostate gland in November 2007 showed a chronic prostatitis and a benign hyperplasia only. (fifth paragraph)

Within the biopsy of the right seminal vesicle, we also performed a biopsy of the right prostate gland. The biopsy fraction of the right prostate gland showed again a chronic prostatitis and a benign hyperplasia. The histological finding in the biopsy fraction of the right seminal vesicle in February 2008 was a poorly differentiated neuroendocrine carcinoma with its immunhistochemistry similar to small cell lung cancer. (eighth paragraph)
We would feel very honoured if you would consider our contribution for publication in your internationally highly esteemed journal.

Yours sincerely,

Benedikt Kreiner, on behalf of all authors