Author’s response to reviews

Title: Kuttner's tumor of submandibular gland associated with fibrosclerosis and follicular hyperplasia of regional lymph nodes: A case report

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Author’s response to reviews: see over
Date: November 23th, 2010
To: Editor-in-Chief Professor Michael Kidd
   ‘Journal of Medical Case reports’
Subject: Resubmission of the revised manuscript

Ref. No.: MS: 1633947482429642
Title: Kuttner's tumor of submandibular gland associated with fibrosclerosis and follicular hyperplasia of regional lymph nodes: A case report
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We are much pleased the November 11th e-mail 2010 which kindly informing us of important recommendations regarding our paper. We appreciate the assessment by the expert reviewers of the editorial board. We have implemented all of your recommendations in the revised manuscript.

We have described in this cover letter exactly how and where throughout the text and images.

We sincerely hope our revised manuscript will be suitable for publication and you will be able to find a place for our manuscript in the excellent journal, ’Journal of Medical Case reports’, that an essential publication for any doctors and researchers in the medical and clinical fields.

While seeking your benevolence to this inquiry, we are looking forward to hearing from you and we remain,

Very truly yours,

Yumi Mochizuki
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Responses to Reviewers

1. Reviewer Dr. Suzana Sousa commented:’ The written English needs extensive edition. Sentences showing grammatical errors as "Our case didn't detected", "cells bcl-2 is absent", or non-sense paragraphs as "Whereas, similar sized and shaped B cells occupied lymphoid follicle-like nodules of our case, and appeared bcl-2 staining positivism" are found throughout the manuscript.’

→ We extensively edited our written English.

2. Reviewer Dr. Suzana Sousa commented: “In Figure 4, many eosinophils are present and not commented. Fig. 5 apparently shows necrosis? and also giant cells representing what, foreign body cells? Figure 11 is not good and one cannot be sure of the positivity to BCL2.”

→ We made the following revisions to the Pathological findings section.

(1) In the main text
We revised as follows:’At higher magnification, scattered lymphocytes, eosinophils and plasma cells were observed in the periductal fibrosis area (Figure 4). A few foreign body cells were noted in necrotic tissue (Figure 5). ’

(2) Images
We revised and added the pictures which showed the positivism to BCL2 from Figure 7 to Firuge 9 in the revised article.

(3) Legends
The Legends section revised as follows:
‘Figure 4 The excised lesion contained spindle cells, scattered lymphocytes, eosinophils and plasma cells (hematoxylin-eosin staining, original magnification × 400).
Figure 5 Necrotic tissue with foreign body cells in the excised lesion (hematoxylin-eosin staining, original magnification × 200).

Figure 6 Various sized and irregularly shaped lymphoid follicle-like nodules proliferated in the excised lesion (hematoxylin-eosin staining, original magnification × 40).

Figure 7 Photograph of bcl-2 staining of the excised lymph node, with the same field of view as in Figure 6. High-power magnification showing, reactive germinal centers of the lymphoid follicles negative for bcl-2 (*), but nodular lesions lacking definitive germinal centers and mantle zones positive for Bcl-2 (**) (original magnification × 40).

Figure 8 High-power magnification of the lesion marked by the asterisk in Figure 7 (original magnification × 100).

Figure 9 High-power magnification of the lesion marked by the double asterisks in Figure 7 (original magnification × 100).

Figure 10 Photograph of IgG staining of the excised submandibular gland (original magnification × 200).

Figure 11 Photograph of IgG4 staining of the excised submandibular gland (original magnification ×200).

Figure 12 Photograph of hematoxylin-eosin staining of the excised lymph node. The lymph node architecture was replaced by prominent fibrocollagenous tissues
and irregularly shaped lymphoid follicle-like nodules proliferated (original magnification × 40).

**Figure 13** Photographs of hematoxylin-eosin staining of the excised lymph node. Small round to oval cells proliferated in the irregularly shaped lymphoid follicle-like node (original magnification × 400).