Author’s response to reviews

Title: An unusual case of congenital melanocytic nevus presenting as neurocutaneous melanoma coexisting with Tuberous Sclerosis complex: a rare association or a new syndrome?

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Author’s response to reviews: see over
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Version: 2
Author's response to reviews: see over
An unusual case of congenital melanocytic nevus presenting as neurocutaneous melanoma coexisting with Tuberous Sclerosis complex: a rare association or a new syndrome? Dr. Santosh Rai et al

Thank you for consideration of our manuscript for publication in your journal.

We have reviewed the above manuscript according to your reviewer’s comments.

Reviewer # 1 (Prem Sagar Subramanian)

Comments to authors: (all comments by reviewers are highlighted in yellow)

Comment 1 by reviewer:

1. In the version I accessed, there is still an age discrepancy. Last line of the introduction states 11 yr old, while the case report section reads 16 yr old. Please correct.

Answer to comment 1:
- Corrections done. Sorry for the typographical error. The age of the patient is 16 years and the correction in the last line of ‘Introduction’ has been made.

Comment 2 by reviewer:

2. There is still a need for some English language editing.
- Done. Can be seen as red color in the manuscript as the option of ‘Track changes’ was used.
Reviewer # 2 (Devendra Mishra)

The article describes a rare association, which merits publication. However, the manuscript has a few shortcomings that need to be addressed:

Comment 1 by reviewer:
1. A few references are still cited in text in superscript (e.g., 15).
   • Done. In fact there was a change in the numbering [of the references] that took place while making the corrections as suggested in Comment 2. So there was a shuffling of the references as per the chronological sequential. All the references are now in the QUOTED in square brackets and in chronological order as they appear in the manuscript.

Comment 2 by reviewer:
2. First few sentences in para 3 of discussion on TS diagnosis are not needed (highlighted in accompanying manuscript).
   • The sentences highlighted in para 3 of ‘Discussion’ has been removed as suggested by the reviewer as the criteria for diagnosis of TSC is well known.

Comment 3 by reviewer:
3. The conclusions are too far-reaching to be derived from singular experience.
In this case, we experienced a dilemma in the diagnosis. The diagnosis was done in a rural setup, Rural Medical College, Loni, Maharashtra, India. Also the patient did not have adequate resources to carry out investigations at a molecular and genetic level. Hence the diagnosis was based on clinical findings supported with imaging. A high index of suspicion is required amongst the clinician to diagnose TSC as well as NCM as these two conditions are themselves very rare. The association has not yet been reported so far in literature. To us this case appeals to be either an unusual presentation which may be totally coincidental or a totally new syndrome. So, we feel that such similar findings, if at all any clinician comes across in his lifetime merits reporting as it will have a better understanding of this association.

Comment 4 by reviewer:
Quality of written English: Needs some language corrections before being published
• Done (Changes made). Done. Can be seen as red color in the manuscript as the option of ‘Track changes’ was used.