Author's response to reviews

Title: Giant secreting adrenal myelolipoma: a case report

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To the Referees:

Please, here our comments.

- The weight of the tumor was about 4.4 Kg.
- A more detailed pathological description has been added. Photographs of the specimen are not available.
- The original article describing the case of one of the largest adrenal myelolipoma reported in the literature has been inserted.

- We think that our myelolipoma is one of the largest secreting adrenal myelolipoma reported in the literature because those one described by Boudreaux (1979) and Allison (2003) were respectively related to congenital 21-hydroxylase deficiency and congenital adrenal hyperplasia, supporting a role for hormonal stimuli in myelolipoma formation.

- Myelolipoma is a tumor rate than a cancer.
- We also believe that our case is the first one where myelolipoma and hyperincretion of cortisol in a patient without endocrinological patologies are contemporaly present. On the contrary Hagiwara H (2008) described the association of myelolipoma with hyperincretion of cortisol in a patient with 21-hydroxylase deficiency. Unlike Lamas C (2009), the hyperincretion of cortisol caused in our patient only hypertension and not Cushing’s syndrome.

- We know that for a differential diagnosis of myelolipoma MRI is probably better than CT, but in absence of MRI, CT can clarify the nature of incidentaloma.
- Normal values of blood cortisol and glucose were included.
- Additional references have been included.

Best regards

Giuseppe Scalisi MD