Author's response to reviews

Title: Toxoplasmosis presenting as a swelling in the axillary tail of the breast and a palpable axillary lymph node mimicking malignancy. A case report.

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The JMCR Editorial team

Sir,

MS: 5109294574767753. Toxoplasmosis presenting with a breast mass and a palpable axillary lymph node mimicking malignancy. A case report.

Thank you for your email with reviewer’s comments of the above manuscript. We would like to re-submit the revised manuscript with the following changes as suggested by reviewers and with the responses to reviewers’ comments. Please note that changes are in red in the revised manuscript.

As suggested by Reviewer number 1, the following changes have been made and comments are addressed.

Changes in the text,
1) “Toxoplasma lymphadenitis” is changed as— “Toxoplasmosis” in the conclusion (page 2 - abstract and page 8)
2) “acute acquired infection with Toxoplasma” is changed as— “acute infection with Toxoplasma gondii” in the introduction (page 3).

Response to comments by Reviewer 1
Is there any relevance of reference 8 (i.e. molecular biology in the diagnosis of
Toxoplasmosis) to this case?
No, but we thought it is worth mentioning in the discussion.

As suggested by Reviewer number 2, the following changes have been made and comments are addressed.

1. Introduction (Abstract): - “…not reported in the English literature before” is removed and is changes as “….is very rare and only few cases reported before.” as also suggested by Reviewer 3 (below)
2. Case presentation (Abstract): “Histopathology and immunohistochemical studies excluded carcinoma or lymphoma but suggested the possibility of toxoplasmosis.” is changed as– “Histopathology and immunohistochemical studies excluded carcinoma or lymphoma but suggested possibility of intra-mammary and axillary toxoplasmic lymphadenopathy.”
3. Case presentation (Abstract): “Toxoplasma gondii IgM and IgG serology was positive supporting the diagnosis is that the breast mass and axillary lymph node were due to toxoplasmosis.” is changed as “Toxoplasma gondii IgM and IgG serology were positive supporting a diagnosis of Toxoplasmosis”.
4. Case presentation (Second Paragraph): “Number one of the” is changed as “Primary”
5. Case presentation (Second Paragraph): Clarify whether both FNAC and core biopsy was done for both lesions or core biopsy for breast and FNAC for axillary node.
It was core biopsy for breast and FNAC for axillary node and is clarified now in the revised version of the manuscript.
6. Case presentation (Third Paragraph): It may be worthwhile indicating the mammographic and USS scores (BI-RADS)
BI-RADS scores are mentioned in the revised version of the manuscript.
7. Case presentation (Third Paragraph): “Microscopic examination …..multiple enlarged lymph nodes ….” is changed as “Microscopic examination of the breast lesion is suggestive of an intra-mammary lymph node mass…..”
8. Case presentation (Third Paragraph): “…prominent small granulomas …” is changed as “….micro-granulomas…”.
9. Case presentation (Third Paragraph): “The microscopic appearances were similar to those …” is changed as “The histologic appearances were suggestive of …”.
10. Discussion (First Paragraph): A short sentence regarding mode of spread/primary host will be useful.
It is now mentioned in the revised version of the manuscript.

11. Discussion (Fifth Paragraph): Expand some more on PCR and immuno-histochemistry. Eg: Immuno-histochemistry can identify Toxoplasma gondii within pathology specimens. Molecular PCR techniques have high specificity but very low sensitivity in lymph node specimens.

Discussion is expanded as suggested in the revised version of the manuscript.

12. Conclusion: “Toxoplasmosis should be …” is changed as “Toxoplasmosis may be …”. And included “Toxoplasmosis rarely presents as a breast mass and may be considered as a differential diagnosis in patients presenting with axillary lymphadenopathy. If the FNAC or Core biopsy suggest the possibility of toxoplasmosis, serologic investigations can confirm the diagnosis and may help avoid further invasive procedures and anxiety. Immunocompetent non pregnant adults who have no CNS or vital organ involvement can be managed conservatively.” in the conclusion as suggested.

As suggested by Reviewer number 3,

1) The TITLE is changed to “TOXOPLASMOSIS PRESENTING AS A SWELLING IN THE AXILLARY TAIL OF THE BREAST AND A PALPABLE AXILLARY LYMPH NODE MIMICKING MALIGNANCY: A CASE REPORT.”

2) In the ABSTRACT (Introduction), “…is very rare and not reported in the English literature before.” is changes as “…is very rare and only few cases reported before.” And “…presenting as a breast mass..” is changes as “……presenting as swelling in the axillary tail of the breast…”.

3) In the ABSTRACT (Case report), “…firm lump in the upper outer quadrant…..” is changes as “…firm lump in the axillary tail…”

4) In the ABSTRACT (Conclusion), “….. and serology an important…” is changes as “….is an important…”

5) In the ABSTRACT Investigation…etc. What investigations? And how can you exclude malignancy. Either remove this paragraph or make it clear. Comments are addressed. Now it is clear after removing that sentence in the revised manuscript.

6) In the TEXT (Introduction): Breast mass is changed as axillary tail mass.

7) In the TEXT (Case presentation): Hysterectomy. What was the indication for hysterectomy? Comments are addressed. Hysterectomy was for benign disease.

8) In the TEXT: She underwent ultrasound, .etc. It is better to mention the sequence of events, and why you proceed to the next investigation? Comments are addressed. Now it is mentioned as a sequence of event in the revised manuscript.
9) Microscopic examination (fig. 1 and 2) Do you mean that both are lymph nodes included axillary tail mass? Please make it clear? Comments are addressed. No. The axillary tail (breast mass) and the axillary lymph node were two specimens. Now it is clear in the revised manuscript.

10) Conclusion: Please see the previous suggestion in the abstract. The relevant changes have been made.

Yours sincerely

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