Title: Ovarian stromal tumor with luteinized cells: a rare recurrence of a rare tumor.

Author's response to reviews: see over
Dear Sir,

1. In the case report: why do you not mention about menstruation of this patient? When you mention about SCSTs, the menstrual period is very important information.

A 52-year-old woman, menopausal for fourteen years.

2. At the first examination, you found right adnexa mass by US. But when you had surgeon, you found that right ovary was normal, and you found that left ovarian tumor. If so, why do you not explain about left adnexa at first examination in this manuscript?

I am sorry, there was a typing mistake: A transvaginal and transabdominal pelvic ultrasound demonstrated a 9x3.7 cm heterogeneous mass in the left adnexa.

2. [At laparotomy, a large torted left ovarian cyst was discovered with small bowel adhesions to its surface] could you clarify this under line sentence and need more gross figure.

I am sorry, I don’t have pictures of surgery

3. [Bilateral oophorectomies were performed with no macroscopic residual disease.] Replace omitted with oophorectomy was. Because of 52 year-old patient, why did you choose only oophorectomy without salpingo- and hysterectomy?

Oophorectomy was performed. It was the decision of the surgeon who did not agree with the reoperation after the multidisciplinary meeting.

4. [The main component comprised dense spindle cells interspersed with small groups of cells with prominent eosinophilic cytoplasm. Crystals of Reinke, a marker of Leydig cell differentiation, were not identified within the majority of these cells, but there was a group at the hilum at the edge of the tumor. In the absence of unequivocal Reinke’s crystals, the tumor was reported as a luteinized thecoma. There were features such as the mitotic rate, which were regarded as worrying and the tumor could not be regarded as being benign. No vascular invasion was identified. Immunohistochemistry showed the tumor was positive for inhibin and vimentin. There was no evidence of metastasis in the other specimens received.] Leydig cell tumors are unilateral and are found commonly in the medulla or hilus region of the ovaries. Tumors that have spread to contiguous organs or have a microscopic cellular pleomorphism with high mitotic activity should be considered malignant. Reinke crystals, which normally occur in mature Leydig cells of the testes, are often found in these neoplasms, and their presence may be interpreted as signifying a benign lesion. Regardless of the presence or absence of Reinke crystals, neoplasms that are <8 cm in diameter can be expected to act benignly. In your manuscript, the histological report does not agree with luteinized
thecoma. And you saw mitotic activity in this case, why do you not mention “malignancy”. And “the main component” which ovarian side? Right or left? What like cytology of ascites?

The main left component comprised dense spindle cells interspersed with small groups of cells with prominent eosinophilic cytoplasm. There were features such as the mitotic rate, which were regarded as worrying and the tumor could not be regarded as being benign and we suspected malignancy. Ascites was free of abnormal cells.

5. [She made an uncomplicated recovery and was followed up every 3 months for 5 years before being discharged.] How did you follow-up every 3 months? I could not understand underline.

I am sorry, there was an omission: She made an uncomplicated recovery and was followed up every 6 months for 5 years before being discharged.

6. [Transcoelomic spread] is this meaning “disseminated spread”?

Yes it means disseminated spread

Sincerely yours

Dr Tazi El Mehdi