Author's response to reviews

Title: Long Term follow up (10 years) after En-Bloc Resection and Reconstruction of a Solitary Paraganglioma Metastasis in the first lumbar vertebral body. A Case Report

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Author’s response to reviews:

Hamburg, the 12th of May 2010

Dear Editor and reviewers,

First of all, we want to thank the reviewers for their work and precise reading of our manuscript. In this letter, we would like to comment on the reviewers points of concern.

Reviewer 1 Benoit Blondeau
Thank you for the critical remarks. We missed to define the term of “marginal resection” in the paper. Because vascular invasion and focal infiltration of the fibrous capsule could be shown it was an R1 resection.

Reviewer 2 Nelson Alberto Morales Alba
We prefer a combined posterior- anterior en-bloc resection as described by several authors as


This includes posterior resection, pedicle-screw instrumentation and anterior resection of the vertebral body with reconstruction using a modular cage filled with autologous morselized rib grafts.

In our experience we see no problems with radiotherapy after spine surgery with autologous graft implantation. For tumours a recalcification is described in the literature.
Reviewer 3 Vincente J. Lopez O`Rourke
“The figures are confusing…”
We thank the reviewer for this important point. It is true; we made a mistake with the postoperative x-rays. The figures show the postoperative x-rays and the 10 year follow up. We changed the figures.

Reviewer 4 Christian Koch
The reviewer gave us very relevant hints and changes were made in the manuscript. The articles recommended by the reviewer have been included in the paper.

“The tumour cells did no show…”
The pathology of the tumour was examined per macroscopy and microscopy. The Tumour cells did not show any response to preoperative chemotherapy like shrinkage or loss of mitosis.

“How was the patient’s blood pressure…?”
We, as spine surgeons, did not screen the patient with blood pressure or catecholamine in 24 hour urine. But up to our knowledge, these parameters were evaluated and within the normal range (as preoperative in this non-functional paraganglioma).

We hope that we have answered all the reviewers’ question. Enclosed please find our revised manuscript. All changes are marked in light grey. We hope that the manuscript meet your standards to appear in the Journal of Medical Case Reports.

Kind regards

Alexander Richter