Author's response to reviews

Title: Bronchus-associated lymphoid tissue lymphoma stage IV with subsequent histologic transformation to an aggressive lymphoma: a case report

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Author's response to reviews:

Reviewer #1

(1) The title: Bronchus-associated Lymphoid Tissue Lymphoma is always low-grade lymphoma and therefore it is not necessary to put "low-grade" before "Bronchus-associated Lymphoid Tissue Lymphoma"

Low-grade has been removed from the title

(2) BALT lymphoma is rare. Large cell transformation of BALT lymphoma is also rare. Cavity formation from large cell pulmonary lymphoma, although rare, is well recognized. This is a rare presentation of a rare disease.

Noted and the wording has been changed

(3) I'm wondering how the author reached this conclusion "The 5 year survival in patients with low grade BALT lymphoma is favorable and reported to be 85%. (From reference [4])"

This was incorrectly sited and this survival statistic comes from reference #5

Reviewer #2

1) In the last paragraph of the Discussion section the author says that transformation of BALT lymphoma has not been seen. However, it should be noticed that high grade MALT pulmonary lymphoma has been described (Kurtin PJ, et al. Pathologic and clinical features of primary pulmonary extranodal marginal zone B-cell lymphoma of MALT type. Am J Surg Pathol. 2001;25:997-1008).

Our interpretation of the paper mentioned above is that it is difficult to determine whether the cases of high grade MALT pulmonary lymphoma occurred denovo or underwent transformation from a low-grade lymphoma. We have edited our discussion and removed “transformation of BALT lymphoma has not been seen”
2) Why chemotherapy was not administered in this symptomatic patient with exertional dyspnea (Guidelines published by Zinzani et al. Hematologica 2008;93:1364-71).

Single agent chemotherapy with rituximab was administered to the patient initially after diagnosis. Once transformation was suggested he was started on R-CHOP regimen but deteriorated.

3) Baseline abnormal blood exams should be presented.

These have been included: LDH 350 IU/L, uric acid 10.0 mg/dl, creatinine 1.7 mg/dl

4) How often was the patient followed up after rituximab treatment?

Patient was seen by his oncologist every 3 months after his initial diagnosis

5) In the 3rd paragraph, 9th line of discussion the author should provide references of case series of rituximab treatment of BALT lymphoma.

The references have been added
