Author’s response to reviews

Title: Multilobular calcifying fibrous pseudotumor in soleus muscle: a case report

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Author’s response to reviews: see over
Response to the editor’s comment:

- Please include the patient’s ethnicity in the Case Presentation section. The Case Presentation should present all relevant details concerning the case. The case presentation should contain a description of the patient’s relevant demographic information (without adding any details that could lead to the identification of the patient); any relevant medical history of the patient; the patient’s symptoms and signs; any tests that were carried out and a description of any treatment or intervention. This section may be broken into subsections with appropriate subheadings. If it is a case series, then details must be included for all patients.

We added the ethnicity of the patient in the Case Presentation section (Line 15, Page 5). We also added the following sentence:

**Blood examination, including inflammatory response, was negative.** (Line 5, Page 6)

- Please include the ethnicity of the patient in the abstract

We added the ethnicity of the patient in the **Abstract**.

- As the patient is a minor, please could you confirm that you have obtained written informed consent from the patient’s legal guardian for publication of the case. Your consent statement should be modified accordingly.

We have certainly obtained written informed consent from the parents of the patient. We modified the consent statement as follows (Line 2, Page 10):

Written informed consent was obtained from the **patient’s parents** for publication of this case report and any accompanying images.
Reply to Reviewer #1

Thank you very much for reviewing our manuscript and providing insightful comments. We have carefully revised our manuscript in accordance with both the reviewer’s and editor’s comments. As a result, we believe our manuscript is substantially improved. Our response to your comment appears below. The changes in the revised manuscript are marked.

Comment:
Please reread the report there are some minor grammatical errors. Overall this is well written.

We have revised the language extensively on the basis of your comments. Our revised manuscript was then proofread and edited by a native English editor.
Reply to Reviewer #2

Thank you very much for reviewing our manuscript and providing insightful comments. We have carefully revised our manuscript in accordance with both the reviewer's and editor's comments. As a result, we believe our manuscript is substantially improved. Our point-by-point responses to your comments appear below. The changes in the revised manuscript are marked.

General comment:
this a rerport of a CFT with unusual bindoular pattern.
The report needs much improvement on the part of the scientific english writing, the best would be to be revised a a native speaker.

In response to the reviewer's comment, we revised the manuscript in terms of the scientific English writing and had it edited by a native English speaker of an English-editing company.

specifically:
1. Title: eihter bilobular or so but not multilobular as the tumor was composed of two main nodules or lobules.

   In accordance with the reviewer's comment, we changed the title as follows:
   Bilobular calcifying fibrous pseudotumor in soleus muscle: A case report

2. Abstract: use Background ratzher than introduction.

   We changed the title of the section to “Background.”

   Composed with ou mean "of".

   We changed the sentence as follows (change is shown in bold and underlined):

   (Line 13, Page 3)
   Preoperative differential diagnoses included soft-part tumors composed of fibrous tissue.

   unusual shape is not nice term!! look for alternative more concise medical terms.

   In accordance with the reviewer's comment, we divided the sentence into 2 sentences and changed the description as follows:

   (Line 12, Page 3)
   Preoperative differential diagnoses included soft-part tumors composed of fibrous tissue. However, making a definite diagnosis was impossible because a lobulated shape is rare for fibrous tumors.
lymphoma kinase-1

We corrected the term as follows (change is shown in bold and underlined):

(Line 17, Page 3)
Immunohistochemistry was positive for factor XIIIa and negative for anaplastic lymphoma kinase-1, and these findings were helpful to distinguish calcifying fibrous pseudotumor from inflammatory myofibroblastic tumor.

the conclusion is rather overdressing as the surgical treatment of CFT has been well delineated in many series.

We did not intend to state a general therapeutic strategy for CFPT, but showed that bilobulated CFPT can also be successfully treated by marginal resection. We changed the description as follows to make it more clear (change is shown in bold and underlined):

(Line 5, Page 4)
As described in the previous literatures, simple excision was sufficient for the treatment of CFPT with 2 lobules.

3. Introduction:
please quote Rosental and Abdul-Karim who first reported this entity that was later better defined by Fetsch et al.-

According to the reviewer’s suggestion, we added a reference and revised the sentence as follows (change is shown in bold and underlined):

(Line 2, Page 5)
Calcifying fibrous pseudotumor (CFPT) is a rare, benign lesion that was first reported by Rosental and Abdul-Karim as “childhood fibrous tumor with psammoma bodies” [1]. Fetsch et al. summarized 10 cases and designated the tumor as CFPT in 1993 [2].

Tumor-like is controversial as this lesion might represent a true neoplasm with clear recurrence potential.

According to the reviewer’s suggestion, we removed the word “tumor-like”:

(Line 2, Page 5)
Calcifying fibrous pseudotumor (CFPT) is a rare, benign lesion that was first reported by Rosental and Abdul-Karim as ”childhood fibrous tumor with psammoma bodies” [1].

deposits of calcium salts or better calcifications.
We assumed that the reviewer referred to our pathological description in Line 7, Page 5. We revised the sentence as follows (change is shown in bold and underlined):

(Line 6, Page 5)

Histologically, CFPT is composed of fibrous tissue with diffuse calcification and infiltrated inflammatory cells.

Please cite multiple CFT of the peritoneum.

According to the reviewer’s comment, we added the following 2 references (Line 6, Page 8).


Marginal excision might not be the optimal treatment of complete excision is possible given the recurrence rae for extremity lesions.

According to the reviewer’s comment, we revised the sentence as follows (change is shown in bold and underlined):

(Line 5, Page 3)
The cause of the disease is unclear, but usually, complete resection of the well-circumscribed tumor is sufficient to avoid recurrence of the disease.

Images are nice.
References are O.K.

We appreciate the reviewers comment on the images and references.

The author should think of citing agaimy et al, Am J Surg Pathol. 2010 Feb;34(2):271-8 (Calcifying fibrous tumor of the stomach: clinicopathologic and molecular study of seven cases with literature review and reappraisal of histogenesis) who critically discussed the pathogenesis of gastric CFT and addressed the issue of IgG4 and the lacking recurrence in contrast to soft tissue counterparts.

According to the reviewer’s comment, we added the reference and following sentence (Line 14, Page 9).

Recently, Agaimy et al. reported a molecular study of 7 cases of gastric CFPT and addressed the issue of IgG4 and the lacking recurrence in contrast to soft tissue counterparts [14].
Quality of written English: Not suitable for publication unless extensively edited

Our original manuscript had been proofread by a professional English-editing company. We have revised the language extensively on the basis of your comments. Our revised manuscript was then proofread and edited by a native English editor.