Author's response to reviews

Title: A rare case of steroid cell tumour of pelvic mesentery

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Author's response to reviews: see over
Replies to reviewers’ comments

Reviewer 1

1. “HHer” should be corrected to “Her” (page 3, line 27).

   We have made the correction.

2. The referred figure number is incorrect in “Case presentation” section. The authors should correct figure number.

   We have corrected the figure numbers in the revised manuscript.

3. The authors should mention original magnification of all figures.

   We have provided the magnification of all the figures in the revised manuscript.

Reviewer 2 (Isabelle Ray-Coquard)

1. Need more literature analysis

   We have reviewed the relevant literature and incorporated in the revised manuscript.

2. Need more discussion about differential histological diagnosis

   We have revised the discussion about the possible differential diagnosis of steroid cell tumours.

3. Need a systematic second opinion of the diagnosis actually, EMA positive is not possible for sex cord steroid tumor but much more corticosurrelanoma ectopic (possible in the pelvic area); What about calretinin?

   We have reviewed the slides, tested the tumour for other markers including calretinin, CD56 and CK7. The tumour was positive for Kertain, inhibin, vimentine, melan-A, neuron specific enolase, chromogranin and S-100 protein. The tumour showed moderate positivity to EMA. The tumour cells were negative for calretinin, desmin, muscle actin and CK7.

   We agree with reviewer that sex cord tumours are generally negative for EMA. However, in few cases of tumours can be EMA positive. We have given relevant references supporting our finding.

   We ruled out the diagnosis of adrenocortical carcinoma (ACC) on the basis of following points:
   a. ACCs are almost always EMA negative. The present tumour however was EMA positive.
b. ACCs are chromogranin negative whereas the tumour in the present case was positive

c. Negative reaction to CK7 supported our diagnosis of sex cord tumour

d. Tumour was positive to inhibin which is both sensitive and specific marker for sex cord steroid cell tumours.

4. Figure 1 and 2 are reversed concerning HPS and IHC

We have corrected this in the revised manuscript