Author's response to reviews

Title: Osseous metaplasia in a Traditional serrated adenoma of the sigmoid colon. A Case Report.

Authors:

Nelson Montalvo (nmontalvof@gmail.com)
José Beltrán (josribens@hotmail.com)
Ligia Redrobán (ligiredroban@yahoo.es)

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Author's response to reviews:

To the Editor and Reviewers:

Reviewer: THOMAS C SMYRK.
Comments to authors:
Please clarify what is meant by "open polypectomy" - a surgical procedure?
Correction:
"At colonoscopy found to have a polyp located 30 cm from the anal margin that was removed through surgical procedure (open polypectomy) and rectoscopy".

Reviewer: MANUEL RODRIGUEZ-JUSTO.
Comments to authors:
“The authors described the presence of focal osseous metaplasia in a serrated adenoma in the sigmoid. As the authors claim this phenomenon is rare with less than 100 case reports described in the literature. However in the previous cases reported the osseous metaplasia occurs within the stroma/core of the polyp which is in concordance with current hypothesis of metaplasia of undifferentiated stromal cells into osteoblasts to form bone. What is of some interest in this case is that the only focus of OM is within a lymphatic vessel (not clear from the microscopic figures submitted) and the authors fail to explain why the bone is within a lymphatic channel and not in the stroma. It might be possible that this represents in fact a bone fragment emboli -as frequently seen in lymphatic in lungs in patients following surgery, trauma or surgery- rather than osseous metaplasia”.

Correction:
Careful observation of the congested and hemorrhagic stroma reveals an almost imperceptible transition between it and the focus of osseous metaplasia accompanied by peripheral stromal retraction.
The absence of bone fracture, surgery or cardiopulmonary resuscitation, recent or past, in our patient should be noted. The case presentation points out that
“Upon routine endoscopic examination…”

It should be kept in mind that secondary bone-marrow embolism ensues after a traumatic, surgical or resuscitation event and targets the lung. Without this key precedent, it would be quite farfetched to maintain the thesis of marrow “embolism” to the fibrovascular axis of a traditional serrated adenoma of the left colon mucosa.

Reviewer: NOAM HARPZ.

Comments to authors:

1. This is now the 3rd reported case, not second; see Pathology International 2011; 61: 39–242, which describes a second case by the same author as the first. The more recent case also contained cancer, but should be acknowledged anyway. Please cite and briefly summarize both articles.

2. Insufficient microscopic description of polyp. Indicate in Results (not only Conclusions) whether the polyp contained any evidence of trauma, calcifications, hyalinization, hemosiderin, inflammation, mucin, etc.

3. Please comment on associations of OM with large polyp size and left-sided location.

Correction:

1. “This is the third reported case of OM in a traditional serrated adenoma. Like the first, there was no malignant transformation, in contradistinction to the second case reported, in which an adenocarcinoma had developed.15, 16 The site in all three cases was the left colon”.

2. “Microscopically, at low power the specimen was a TSA of colonic mucosa (sigmoid) with exuberant, villiform growth pattern and complex serration. At high power examination disclosed eosinophilic pencillate cells, numerous ectopic crypts and low-grade epithelial dysplasia. (Figures 1 and 2) The fibrovascular axes showed numerous lymphangiectasias, in one of axes was detected a single small focus of stromal osseous metaplasia consisting of normal-looking osseous trabeculae with peripheral retraction and hemorrhage. No characteristic has been identified (chronic or active inflammation, ulceration, hyalinization or mucin extravasation) that would suggest a traumatic or ischemic process (Figure 3)”.

3. “An extensive review of the literature reveals that OM is mostly described in association with colorectal carcinomas and adenomas (both tubular and villous); however, no risk association has been determined for sex, age or polyp size. 5, 7, 9, 10”