Author's response to reviews

Title: Incidental renal cell carcinoma in an autosomal dominant polycystic kidney disease patient who underwent simultaneous bilateral native nephrectomy and living donor renal transplantation: a case report

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Author's response to reviews: see over
Dear Editor,

Thank you for sending the reviewers’ comments to us. We are grateful that you are willing to reconsider our manuscript entitled “Incidental renal cell carcinoma in an autosomal dominant polycystic kidney disease patient who underwent simultaneous bilateral native nephrectomy and living donor renal transplantation: a case report” (MS: 437442966412482) for publication in Journal of Medical Case Reports. On the basis of the reviewers’ comments, we have made a minor revision to the revised manuscript. Our detailed responses to the reviewers’ comments are as follows.

Response to Referee 1

We agree with your assessment that bilateral nephrectomy would not be indicated for any patient who has ESRD and is undergoing kidney transplant. However, in patients with ADPKD, pretransplant management (nephrectomy or TAE) is required for creating space in the pelvis in order to decrease compression due to the enlarged polycystic kidney and to prevent the development of various symptoms. The preoperative diagnosis of small RCC in ADPKD is difficult because the tumor may be masked by the complex cystic background superimposed by bleeding, degenerated blood clots, proteinaceous debris, and infection. Tumors with a diameter of more than 4 cm can be detected with preoperative CT or US even if they have a background of ADPKD. We believe that staging nephrectomy and transplant can be suggested when RCC is suspected in patients with ADPKD.

In our case, CT showed innumerable variably sized cysts in both the kidneys, and PET-CT did not show increased uptake in both the kidneys. However, the patient might still have had an occult malignancy in the native kidneys. Therefore, simultaneous bilateral native nephrectomy could offer an opportunity not only for preventing the development of various symptoms but also for detecting an occult malignancy in the resected native kidneys on histological study.

As suggested, we have changed the following sentence in the abstract (page 2, line 12) and conclusion section (page 10, line 5): “This case shows and reinforces the importance of considering the possibility of an occult malignancy in the native kidneys of patients with ADPKD and of considering simultaneous bilateral native nephrectomy not only for preventing the development of adverse symptoms but also for detecting an occult malignancy in renal transplant recipients with ADPKD.”

Furthermore, we have included the following sentence in accordance with your suggestion (page 4, line 15): “Positron emission tomography-CT (PET-CT) did not show
increased uptake in both the kidneys or in the other organs.”

We thank the editor and reviewers for their insightful comments, which have enabled us to greatly improve the manuscript. Thank you once again for considering this revised manuscript for publication in *Journal of Medical Case Reports*.

Sincerely yours,

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