Author's response to reviews

Title: Retroperitoneal paraganglioma presenting with paralytic ileus : a case report

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Author's response to reviews: see over
Dear Editor-in-Chief:

We are submitting a manuscript entitled “Retroperitoneal paraganglioma presenting with paralytic ileus: a case report: Wei-Chen Lin, Chen-Wang Chang, Jiun-Lu Lin, Chung-Hsin Tsai, Horng-Yuan Wang

The content of the manuscript is original and it has not been published or accepted for publication, either in whole or in part, in any form. No part of the manuscript is currently under consideration for publication elsewhere. None of the authors have any financial or other interests in the manufacture or distribution of any device or drug mentioned in a manuscript. The corresponding author declares that the manuscript is submitted on behalf of all authors. This report reminds us in patients with hypertension presenting with intestinal pseudo-obstruction paraganglioma should be considered as a possible differential diagnosis. It is unexpected or unusual presentations of a disease. We believe it is the first report of this kind in the literature.

1. Do you believe it is the first report of this kind in the literature?
   YES, it is the first report of this kind in the literature.

2. Will it significantly advance our understanding of a particular disease etiology or drug mechanism?
   YES, paraganglioma may present with paralytic ileus as pheochromocytoma and it is more difficult to diagnosis.

3. Is it an original case report of interest to a particular clinical speciality of medicine or will it have a broader clinical impact across more than one area of medicine?
   YES, it involves area of gastroenterology and endocrinology.

We highlight all changes with blue coloured to make it easier for the Editors.

Sincerely yours,

Dr. Chen-Wang Chang
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response to the concerns....

Referee 1: Ohtsuki Yuji
1. In our case, it is a challenge for making the diagnosis before surgery, and we did not check the related serum marker. Retroperitoneal tumors manifested as ileus is a nonspecific and rare manifestation of paragangliomas. We wound mention it in this article
2. We wound make the references in uniform style
3. We wound delete the Fig 4b for it is not really needed
   We add low magnification of histology in 5a
4. We wound add the marker to the dilated intestine as your suggestions
5. We wound correcte the Hematoxilin to Hematoxylin in Fig 5
6. We wound add marker of liver and duodenum in the Fig 3 , thanks for your comments

Referee 2: Emily Tse Lin Ho
Functional paragangliomas usually had paroxysmal episodic hypertension palpitations, headache, sweating and these symptoms were not found in this patient. Several case reports of pheochromocytomas presenting with ileus revealed high catecholamine levels. Due to the related serum marker was unavailable, we can’t make the conclusion of functional or non-functional paragangliomas.
We wound delete “triple antihypertensives mask symptoms of hypertension”. There were less hypertensive crisis in several case reports showed patients presenting with ileus. Opioid like peptides secreted by pheochromocytomas may play a role except of catecholamines. We wound mention this point in the article.
Patient were treated with IV fluid supply and nothing by mouth for ileus management. She didn’t recieve alpha blockade to prevent a hypertensive crisis because paraganglioma was not a differential diagnosis before surgery. There was no complication during or before surgery. Systolic blood pressure was around 140-180 mmHg during surgery.
1. We did not check the related serum marker because it is a challenge for making the diagnosis before surgery. There are several articles discussed about the relation ileus and pheochromocytoma. Retroperitoneal tumor manifested as ileus is a nonspecific and rare manifestation of paraganglioma. We wound mention it in this article.
2. This patient had hypertension for 10 years. The first agent of anti-HTN was ARB. Triple anti-HTN agents for hypertension poor control were prescribed 3 year ago.
Hypertension was well controlled before this admission.

3. We had deleted the phrase “Functional paragangliomas secrete norepinephrine and normetanephrine and account for 30-60% of the tumors” due to it is pheochromocytoma data.

4. We invited endocrinologist, Dr. Jiun-Lu Lin, to revise this article. Thanks for your comments.

**Referee 3: Ismael Capel**

1. We changed the introduction “retroperitoneal paraganglioma are extraadrenal pheochromocytoma” to “paraganglioma are extraadrenal pheochromocytoma”

2. The nomenclature of the figure was adjusted

3. The cut of phrase was adjusted as “In differentiating functioning from nonfunctioning paragangliomas, CT and MRI are not useful as MIBG scintigraphy.” We also added the case of “Spontaneous retroperitoneal abscess as the first clinical manifestation of a non-functioning retroperitoneal paraganglioma” as your suggestion. Thanks for your comments.