Author's response to reviews

Title: A 65-year-old woman presenting with lung mass and pericardial effusion: a case report

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Author's response to reviews:

Dear Editor

Please find below the point by point reply to the reviewer comments and some additional changes.

Point by point reply to the reviewers

Reviewer 1

The manuscript seems worth publishing because it highlights an important aspect in the differential diagnosis of patients presenting with soft tissue-like pulmonary masses. The case report would be more convincing should the authors have included a follow-up CT scan that would demonstrate the resolution of the radiographic findings. A bronchoscopic image, if available, would also add to the point made by the authors. The manuscript could still be published “as it is” if these information cannot be provided.

Reply: Thank you for your valuable comment. We have added a figure showing the radiologic improvement which has been achieved after treatment with steroids has been commenced. We have highlighted this in the manuscript (case presentation section) and we provided the figure as a separate file.

Reviewer 2

This is an interesting case of a patient presenting with clinical and radiological findings highly compatible with bronchogenic carcinoma that lastly a thorough examination complemented with lung biopsy revealed non-caseating granulomas indicative of sarcoidosis.

Major comments:
This is one of the few sarcoidosis cases in the literature, to the best of my knowledge, presented as lung cancer. I strongly agree with the view of the authors that when encountering with an atypical presentation lung and lymph node (when enlarged) biopsies should be obtained to exclude malignancy (lung cancer, lymphomas etc). In addition authors should also state that not only sarcoidosis can mimic lung cancer but can also predispose to lung cancer although a large study by Romer et al. ERJ 1998 in 555 Danish patients failed to confirm such a relationship. Nevertheless there are several studies in the literature supoorting this relationship since microsatellite instability was also reported in sarcoidosis patients (Vassilakis et al. AJRCCM 1999). Therefore authors should state at the time point they performed the thoracentesis that this intervention was done to exclude malignancy since sarcoidosis may also predispose to lung cancer especially in a patient with high index of suspicion for lung cancer.

They should also mention that pleural effusion in sarcoidosis patients is an extremely rare manifestation of disease (incidence of 0.7% to 10%) and is more common in patients with active parenchymal disease. Suggested mechanisms are presumably similar to that of other infiltrative diseases. Involvement of the pleura may lead to increased capillary permeability with minimal pleural space inflammation. And they should bear in mind that not every PE in patients with sarcoidosis is related to disease itself. Therefore, sarcoidosis patients that present with PE should be carefully evaluated for other coexisting conditions including tuberculosis, congestive heart failure and malignancy. Small PE attributed to disease itself do not need corticosteroid dose escalation since they usually exhibit self resolution. (Anevlavis et al. Respiration 2012)

Reply: Thank you for your valuable comment. We have added the following sentences “…with an estimated incidence of 0.7 to 10% and is more common in patients with active parenchymal disease. Suggested mechanisms are presumably similar to that of other infiltrative diseases. Involvement of the pleura may lead to increased capillary permeability with minimal pleural space inflammation (10)” in the discussion section as well as the suggested reference (Anevlavis et al).

We have also added the sentence “…and moreover may also predispose for the development of lung cancer (12)” in the conclusion section as well as the suggested reference (Vassilakis et al).

The changes have been highlighted in the manuscript.

After these changes the reference number 10 has been renumbered as number 11. This change has also been highlighted in the manuscript.

Minor comments:

There are some typing - language errors i.e page 7, line 16...not reliable should be non reliable....that should be edited accordingly.
Reply: The abovementioned error has been corrected.

Editorial Team Comments

The editorial team would like to request for formatting change required for your manuscript, as it does not conform to the journal's style. Kindly address the following:

- Please insert a separate header for the conclusion section.

Reply: A separate header for the conclusion section has been added and highlighted in the manuscript

Additional changes

1) By mistake the name of one of the authors has been skipped although the affiliation has been mentioned (3Department of Radiology University Hospital of Heraklion, Crete, Greece).

We added the name of Dr Argiro Voloudaki in the authors as well as the address (postal and e-mail) and the contribution as an author.

2) In the abstract (case presentation paragraph) we have added the words “the patient” as highlighted in the manuscript.

I am looking forward to hearing from you soon.

With by best regards

Dr George Margaritopoulos