Author's response to reviews

Title: Neuroimaging characteristics and growth pattern in pituicytoma: a case report

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Author's response to reviews: see over
July 21, 2012

To editorial office
Journal of Medical Case Reports

Thank you for your email of June 29, 2012, regarding the decision on our manuscript entitled “Neuroimaging characteristics and growth pattern in pituicytoma: a case report” (Manuscript ID: 9835299307303123).

We have considered your and the reviewers’ comments and have revised the manuscript accordingly. This revision was substantive, i.e., the whole manuscript was completely rewritten taking your and the reviewers’ advice and suggestions throughout. We would like to express our sincere thanks for these important comments.
Points of the revision and responses to the editor’s comment are summarized in the separate sheets.
We hope that the revised manuscript is now suitable for publication in Journal of Medical Case Reports.

Sincerely,

Yasushi Kosuge, MD
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Revision points and response to Editor’s comment.

-The authors should describe the visual status after the first operation. Why the patient was left simply follow-up without radiation therapy or immediate second surgery through transcranial approach?  
-The authors should describe the therapeutic strategy.

The visual field testing did not show any change from his preoperative testing.  
postoperative visual fields. (first operation)

![Visual Field Testing](image1)

After the first surgery, we referred second transcranial surgery or radiotherapy, but the patient refused both proposed treatments. Therefore, yearly MRI has subsequently been performed.

-How was the visual status after the second surgery?  
-Was it improved?

The surgical removal of second surgery was gross total. Clinical examination showed an improvement of visual field defects.  
preoperative visual fields. (second surgery)

![Visual Field Testing](image2)
-In introduction section the description `basically a low-grade astrocytoma¿ is confusing and could lead to misunderstanding. It should be changed to `corresponds to a low-grade astrocytoma¿.

I have revised the description.

-The figures of the surgical specimen would be better to be shown. There are still possibility of collision tumors with different pathologies.

Unfortunately, there is no figure of macroscopy.

-it is of (grate) value to add key points for radiological differential diagnosis
Answering the following questions may help in developing a differential diagnosis for a supra- or intrasellar mass 1. Is the epicenter of the mass infra or suprasellar? 2. Does the lesion enlarge the sella? 3. Is the lesion extraaxial or intraaxial?

Pituicytomas are low-grade extraaxial tumor that originate in neurohypophysis or infundibulum. Pituicytomas have been described to be located within the sellar, the suprasellar region or both. Although there is a case report that the tumor showed sellar enlargement and bony remodeling on CT scan, the neuroimaging characteristics of pituicytomas on CT scan and MRI are often nonspecific. Therefore, the radiological differential diagnosis should include other sellar or suprasellar tumors. It is often difficult to identify these tumors in preoperative neuroradiological findings.
Response to reviewer 1

Dear. Mr. Yoshikazu Ogawa

Thank you for your comments. As your kindly suggested, we revised the manuscript accordingly. We would like to express our sincere thanks for your important comments. Our responses to your comments are summarized here.

We hope that the revised manuscript is now suitable for publication in Journal of Medical Case Reports

The authors should describe the visual status after the first operation. Why the patient was left simply follow-up without radiation therapy or immediate second surgery through transcranial approach? The authors should describe the therapeutic strategy.
How was the visual status after the second surgery? Was it improved?

The visual field testing did not show any change from his preoperative testing. postoperative visual fields. (first operation)

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The surgical removal of second surgery was gross total. Clinical examination showed an improvement of visual field defects.
preoperative visual fields. (second surgery)

postoperative visual fields. (second surgery)

In introduction section the description ‘basically a low-grade astrocytoma’ is confusing and could lead to misunderstanding. It should be changed to ‘corresponds to a low-grade astrocytoma’.

I have revised the description.

The figures of the surgical specimen would be better to be shown. There are still possibility of collision tumors with different pathologies.

Unfortunately, there is no figure of macroscopy.
Response to reviewer 2

Dear. Mr. Savas Deftereos

Thank you for your comments. As your kindly suggested, we revised the manuscript accordingly. We would like to express our sincere thanks for your important comments. Our responses to your comments are summarized here.

We hope that the revised manuscript is now suitable for publication in Journal of Medical Case Reports

It is of (grate) value to add key points for radiological differential diagnosis
Answering the following questions may help in developing a differential diagnosis for a supra- or intrasellar mass
1. Is the epicenter of the mass infra or suprasellar?
2. Does the lesion enlarge the sella?
3. Is the lesion extraaxial or intraaxial? (this determination may helps differentiate intraaxial lesions with a hypothalamic origin from extraaxial lesions eg, meningioma)
Etc

Pituicytomas are low-grade extraaxial tumor that originate in neurohypophysis or infundibulum. Pituicytomas have been described to be located within the sellar, the suprasellar region or both. Although there is a case report that the tumor showed sellar enlargement and bony remodeling on CT scan, the neuroimaging characteristics of pituicytomas on CT scan and MRI are often nonspecific. Therefore, the radiological differential diagnosis should include other sellar or suprasellar tumors. It is often difficult to identify these tumors in preoperative neuroradiological findings.