Author's response to reviews

Title: Paratesticular fibrous pseudotumor - a report of two cases and a review of clinical, radiological and pathohistological features

Authors:

Klaus-Peter KP Dieckmann (DieckmannKP@t-online.de)
Werner Jan WJ Struss (wj.struss@googlemail.com)
Ulrich U Frey (ulrich.frey@albertinen.de)
Martina M Nahler-Wildenhain (nahler@pathologie-hh.de)

Version: 3 Date: 8 June 2013

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

with regard to manuscript MS: 1703720384846445

Paratesticular fibrous pseudotumor in young males presenting as intrascrotal mass: A case series* by KP Dieckmann, WJ Struss, U Frey and M Nahler-Wildenhain

we should like to express our gratitude to the Editor for reviewing the paper. In addition to the changes made in the second version following the formal requests of the Editorial Office and in reply to the comments of the reviewer we have now made further substantial changes according to the critique raised by the Editor. We are now resubmitting our manuscript (third version) for reconsidering for publication in the Journal of Medical Case Reports.

General remarks
Our report is a primarily clinically oriented report focusing on clinical presentation, radiological imaging and surgical treatment of paratesticular pseudotumors (PFPs). Upon preparing the manuscript we came across the peculiar immunohistochemical features and the appealing pathogenetic theory of PFPs being an IgG4-related disease. Because of our primarily clinical focus we only briefly alluded to the IgG4 association in our previous versions. Thus, we were surprised but deeply impressed at the same time by the detailed comments of the Editor relating to particular immunohistochemical features. Only as consequence to the Editor’s remarks, we have thoroughly re-reviewed the histological slides. Accordingly, we found that the proportion of IgG4-positive cells is 40% thus giving more support to the theory of PFP being IgG4 related. To further support this theory, we have generated three additional immunohistological images to be included in the manuscript. For the sake of brevity, we abstained from including further images illustrating the features of IgG4-related diseases. Thus, there are now a total of nine figures in the manuscript with two figures (#2 and 8) consisting of three and two sub-figures, respectively. As the total figure count would amount to 12 (including the sub-figures) we kindly ask the Editor to permit this minor exceeding of the total allotted number of figures for the sake of comprehensiveness and quality.

Changes made
Abstract: we included the proportion of 40% IgG positive cells (case presentation section, line 10).
Main text, case presentation section, page 4, last paragraph: The histological description was completely re-written with a focus on various immunohistochemical examinations as requested by the Editor. The key result is the proportion of 40% of IgG4 positive cells among all IgG positive cells. Also, the unexpected finding of comparatively high vascularisation as evidenced by CD31 staining deserved reporting. Accordingly, three additional figures (figs. 6-9) were included replacing figure 6 of the second version of the manuscript.
Discussion, page 6, last paragraph: here we briefly reviewed the histological features required for establishing the diagnosis of IgG4-related disorder, and we stated that all of the conditions are met by our case.

After all, we hope that the manuscript is now in the condition to be accepted for publication in the Journal of Medical Case Reports.

Prof. Klaus-Peter Dieckmann
On behalf of the authors