Author's response to reviews

Title: POEMS syndrome with cranial vault plamocytoma and the role of surgery in its management: a case report.

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Author's response to reviews:

We are very grateful for having been given the opportunity to revise and resubmit our manuscript to the Journal of Medical Case Reports. The suggestions we received from you and the two reviewers were very helpful in improving our manuscript in numerous ways. As you will see below, we have addressed all of the concerns in the current version, as well as making other changes throughout the manuscript to improve its content and readability. We hope that the revised version of the manuscript meets the high standard of the journal and is now considered suitable for publication.

For your ease of viewing, we have addressed the concerns on a point-by-point basis, indicating the specific places in the manuscript where the changes have been made. Besides which, the comments from the two reviewers have been numbered and appear in italics, while our responses appear in regular font. However, please note that we have made additional changes to the manuscript that are not reflected in this response letter.

We look forward to your editorial decision.

Yours faithfully,

Julio Plata

Answers to Reviewer #1

The authors should response to some questions and should detail their case by using of the other diagnostic criterias of the POEMS syndrome which are described below.

The referred diagnostic criteria of POEMS syndrome has been included in the manuscript (Table 1) and was used to confirm the diagnosis of the reported case.

1. The subtype of the polyneuropathy should be identified (diabetic or other type). The subtype of polyneuropathy is a subacute demyelinated motor polineuropathy as is indicated in the case presentation section, paragraph 3.
2. Some laboratory results should be inserted to the manuscript. All of the requested laboratory results have been included in a new table (table 2).

3. The authors should discuss the differential diagnosis (such as the diagnostic criterias of the plasmocytoma and multiple myeloma). Differential diagnosis is briefly discussed in the Discussion section (paragraph 2).

4. The authors wrote in their manuscript that “adding surgery to the management of this disease might improve clinical outcome and prognosis”. However, they also declared in manuscript that the pulse steroids was initiated to the patient preoperatively and continued postoperatively. They should discuss and identify this confused data.

As is mentioned in the case presentation section, the most rapid recovery was achieved after the surgical procedure. Steroids had been initiated before surgery and the symptoms only showed a slight improvement. When the postoperative steroids were started and the patient was given radiotherapy, his condition was clearly better than before surgery. Therefore, we assume that the surgical excision of the skull plasmocytoma played a fundamental role in the recovery of the present case.

5. The authors should insert the postoperative or follow up brain MR or CT Images. Postoperative CT is shown in Figure 3.

6. The authors should use and site new literature data their manuscript as mentined below:

   Thank you for your comment. The proposed literature has been revised and appropriately cited.

 Answers to Reviewer #2

1. Could this patient been treated with radiotherapy alone?

   Radiotherapy has played an important role in the management of this patient as has been recommended by Dispenzieri et al (2005) who considered that localized external beam radiation should be the first – line of therapy for single, dominant lesions. However, radiotherapy should usually be associated with one or various chermotherapeutic agents or even an autologous peripheral blood stem cell transplantation might be indicated (Li and Zhou). Furthermore, in the reported case here, the decision to perform surgery was based on esthetical reasons because of the intense bone destruction caused by the plasmocytoma. Therefore, it seems that radiation therapy alone might have been an incomplete treatment for this patient.