Author's response to reviews

Title: Prostatic Blue Nevus, an unusual histopathological diagnosis.

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REVIEWER'S ANSWERS

Journal: THE JOURNAL OF MEDICAL CASE REPORT
Title: PROSTATIC BLUE NEVUS, AN UNUSUAL HISTOPATHOLOGICAL DIAGNOSIS
Reviewer: SATHISH KUMAR.
Comments to authors:
The reason for proceeding for suprapubic prostatectomy has not been mentioned in the write up. A core needle biopsy or transurethral resection of prostate would have diagnosed this patient. Why should he be taken up directly for prostatectomy?
Correction:
The authors of this article are pathologists and the selection of the surgical procedure was the sole responsibility of the urologist; thus, it was not our place to question his course of action. The literature shows that case reports of prostatic blue nevus mostly concern suprapubic prostatectomy specimens, as was the situation in our case, and transurethral resection is commonly involved, while only two fine-needle biopsy cases have been reported. (1, 2, 3)
We are not withholding any information about the case; we obviously reserve the patient’s identity, but relevant medical history, prior surgery and preexisting conditions are detailed in the article (case presentation paragraph): "... presented with prostatism with a three-month progress. He was diagnosed with benign prostatic hyperplasia during a urological examination. Digital rectal examination (DRE) revealed an enlarged gland with a soft nodule in the left lobe; prostate-specific antigen (PSA) was within standard limits (3.4 ng/ml) and a suprapubic prostatectomy was performed."
It should be kept in mind that the urologist did not suspect a diagnosis of prostatic blue nevus from the pre-surgical physical examination; this was an exclusively incidental and histopathological finding associated with benign prostatic hyperplasia. There is no way to diagnose prostatic blue nevus clinically; the only method is histopathological.
It is extremely rare to find blue nevus in extra-cutaneous locations, so we conducted a thorough review of the literature to establish an irrefutable histopathological diagnosis verified through histochemical (Masson-Fontana and iron) and immunohistochemical (S100) techniques.

Reviewer: SANTOSH WAIGANKAR
Comments to authors:
The microscopic Photomicrographs: Each component seen under the Microscope needs labeling to make it more informative to the reader.

Correction:
Legends Figure 1
A) Macroscopic study, prostate gland, left lobe with a well-defined 1.4 cm. blackish area
B) Dusty and granular melanin pigment within myofibroblasts in the stroma, [hematoxylin-eosin stain (inset x40)].
C) Masson-Fontana stain highlights pigmented stromal cells, confirming the presence of melanin (x40).
D) Negative iron reaction in the pigmented stroma cells (x40).
E) Pigmented stroma cells immunopositive for S100 protein (x40).

Best regards,

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