Author’s response to reviews

Title: Prostatic Blue Nevus, an unusual histopathological diagnosis.

Authors:

Nelson Montalvo (nmontalvof@gmail.com)
Ligia Redrobán (ligiredroban@gmail.com)

Version: 5 Date: 27 July 2013

Author’s response to reviews:

To: Journal Editorial Office
BioMed Central

The authors of the article “Prostatic Blue Nevus: a case report” made the following changes:

FIRST: Title of the article.
BEFORE CORRECTION
Prostatic Blue Nevus: A case report.
AFTER CORRECTION:
Prostatic Blue Nevus, an unusual histopathological diagnosis.

SECOND: Key words.
BEFORE CORRECTION
Prostatic blue nevus, Fontana-Masson, S100 protein
AFTER CORRECTION:
Prostatic blue nevus, Melanocytic lesion, Benign Prostatic Hyperplasia.

THIRD: Reviewer’s Answers
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?

Answer
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.

Paragraph Added: [PBN is a rare lesion exclusively diagnosed incidentally, especially after histopathological examination of simple suprapubic prostatectomy specimens, as occurred in our case. The literature shows that case reports of prostatic blue nevus mostly concern suprapubic prostatectomy specimens and transurethral resection is commonly involved, while only two fine-needle biopsy cases have been reported. (1,2,3)]

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.

BEFORE CORRECTION

Legends Figure 1.

A) Macroscopic study, prostate gland, left lobe, pigmented nodule 1.4 cm.
B) Stromal cells with intracytoplasmic pigment: HE (inset 40X).
C) Positive intracytoplasmic pigment Fontana-Masson stain 40X.
D) Negative iron stain 40X.
E) The pigment stromal cells immunopositivity for S100 protein 40X.

AFTER 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).

AND LAST: Correct the 6th reference.
BEFORE CORRECTION:


AFTER CORRECTION:


Additionally, attached Reviewer’s Answers file.

Looking forward for your favorable approval.

Best regards.

Dr. Nelson Montalvo. nmontalvo@gmail.com
Dra. Ligia Redrobán.
Servicio de Patología.
Hospital Metropolitano.
Quito –Ecuador
patologia2@hmetro.med.ec