Author's response to reviews

Title: Renal myelolipoma: a rare extra-adrenal tumor in a rare site: a case report and review of the literature.

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Author's response to reviews: see over
We are pleased to submit our manuscript titled: Renal myelolipoma: a rare extra-adrenal tumor in a rare site: a case report and review of the literature. As it is known, myelolipoma is an uncommon benign tumor occurring most frequently in the adrenal glands. Extra-adrenal localizations are rare with only 50 cases reported in the last two decades. Renal site is one of the most uncommon extra-adrenal myelolipoma locations. Indeed, to the best of our knowledge, only two previous cases of kidney myelolipoma had been reported. We described extensively radiological and clinico-pathological features of this unusual tumor. We also discussed differential diagnosis of retroperitoneal tumors with fatty component. We highlighted the importance of knowing and mentioning this benign entity in case of discovering retroperitoneal tumor with fatty component on radiological examination. Describing more cases of renal myelolipoma may contribute to a better knowledge of this rare tumor and a better choice of management options, while myelolipoma is a benign tumor, with no reported instances of malignant transformation, that not necessitate surgical treatment when the tumor is small and asymptomatic.

Our manuscript had been peer reviewed. We are thankful for reviewers.

We read attentively and took into consideration reviewers’ comments. We marked the changes in the revised manuscript in red.

- As asked, we included a title page.
- We used the term male in describing the patient’s gender and we included the ethnicity of the patient in the abstract and in the case presentation section of the manuscript.

Concerning Dr Ashley Cox comments:

- We changed ‘especially no’ in the case presentation section by ‘such as’.
- We placed CT abbreviation after the first “computed tomography”.
- We listed lab tests done (blood count, hemoglobin, ureamia, and creatinine clearance).
- We gave the diameter of the mass on CT (10 centimeters).
- Concerning the biopsy, it was not considered prior to nephrectomy because a retrograde pyelography was also performed and revealed an important hydronephrosis and a non-functional right kidney, leading to an indication of nephrectomy (this detail had been added in the manuscript).
- Concerning the follow up plan for this patient, as the latter underwent a nephrectomy, which is a curative treatment of this benign tumor, no special follow-up plan had been recommended to our patient.
- We made the changes recommended in the discussion section of the manuscript.
- As requested, we added comments about the role of biopsy and the appropriate follow-up (in red).

Concerning Dr Shereen Gheith comments:

- We provided an arrow, as requested, on the CT image to indicate tumor site.

We hope we answered correctly to reviewers’ comments.

We give you our assurance that the authors do not have any competing interests and that this article is not under consideration elsewhere and we will not submit it elsewhere until we have received your decision.

Thank you for your consideration,

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