Author's response to reviews

**Title:** Pleomorphic adenoma presenting with conductive hearing loss in ear canal: a case report and literature review

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**Author's response to reviews:** see over
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The Biomed Central Editorial Team

**Objects:** MS: 1665371269118404-Pleomorphic adenoma presenting with conductive hearing loss in ear canal: a case report and literature review. Dr. Maruyama et al.

Thank you for consideration of our manuscript for publication in your journal. We have reviewed the above manuscript according to your reviewers’ comments. We have highlighted all changes made with blue coloured text without grammar correction.

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**Reviewer#1 (Dr. Poorten)**

Pleomorphic adenoma in the title should be Pleomorphic adenoma.

- Done

P 4 line 14: I would put more stress on the necessary differential diagnosis with adenoid cystic carcinoma, which is also rare but which is observed not unfrequently -maybe even more frequently than pleomorphic adenoma. This can also present clinically and radiologically as "well demarcated" (mostly a CT temporal bone is made with rather poor soft tissue detail). I have encountered several cases with even misdiagnosis after definitive pathology elsewhere, the diagnosis only being made after slide review of an experienced pathologist. A small punch biopsy is probably indicated to be sure what you start operating. I would even suggest to include such a statement in the conclusion on p 5 ("the most important differential diagnosis is adenoid cystic carcinoma of the external ear canal")

- According to your comment, we have added sentences on page 4. We put a stress on the necessary differential diagnosis ceruminous gland carcinoma including adenoid cystic carcinoma. As you said, adenoid cystic carcinoma is very
important in the differential diagnosis, but ceruminous gland carcinoma is a rare
tumor so I think equal attention should be paid to that other malignancy. We have
added a new reference #14.

“In these tumors, it is important to distinguish malignancy. Adenoid cystic
carcinoma is the most commonly reported primary ceruminous gland malignancy
[13]. Invasiveness appears to be the only sign of malignancy but the symptoms do
not always reflect the character of tumors so Hicks recommended early excisional
biopsy [3, 14]. At the same time, there is an opinion that these tumors should be
taken as potentially malignant because the biopsy is not sufficiently reliable if it is
limited. [13]”

p 5 line 13: The question is whether you really need a "wide" margin. What do
you mean by wide? In all other locations of pleomorphic adenoma this is not
needed (e.g; 60% of parotid pleomorphic adenomas have an area near the facial
nerve where there is no cuff of normal tissue yet recurrence is only observed in
0.8%), a complete resection is the most important thing to prevent recurrence. A
generous approach identifying the facial nerve first is necessary to have a good
and safe access an to perform a controlled resection without having the danger
to cause spillage, but the margins do not need to be very large - I would say 2
mm would be enough at this site... with frozen section control of the margins....

Thank you for your comments. I agree with your comment about the pleomorphic
adenoma of the salivary gland. Additionally, in the ear canal, it is sometimes
difficult to resect the tumor with a certain margin because of its anatomic
structure. However, I think it is important to keep “resection with wide margin” in
mind to avoid a positive margin and the possibility of malignancy, so we changed
the sentence in page 5 as follows.

“Whether radiotherapy for PA is effective and safe, a sufficient excision without
breaking the capsule and a long follow-up are important for obtaining a good
prognosis.”
Reviewer #2 (Dr. Takes)
This is a nicely documented case report (although the clinical photograph is not optimally focussed).

- I’m so sorry but the photographs are the best we have.

The follow-up may be a bit short to exclude recurrence given the usually slow Growth

- We agree with your comment and it is necessary to continue the follow-up.

Some of the grammar may need some attention.

- We have had the grammar checked by a native-English speaker of Edanz editing.

It is reported that "significant amount of hyperkeratotic substances was present behind the tumor but the tympanic membrane was preserved without appreciable change." Please give an explanation for this finding of "hyperkeratotic substances".

- In accordance with your comment, this sentence was added to page 3.

  “A significant amount of hyperkeratotic substances were present behind the tumor, apparently retained debris.”

The comments about the style of manuscript

1. Please change the description of the patient’s gender to male.

   - This change has been made.

2. Please include three to ten keywords representing the main content of the article, after the Abstract section.
3. Please do not include the Table as a figure file. Tables should be included after the References list, together with the Figure legend section.

   • Do you mean figure 4? I have included Table 1 after the References list and Figure legend.

4. After reading through your manuscript, we feel that the quality of written English needs to be improved before the manuscript can be considered further.
   • We have had writing quality checked by a native-English speaker.

   • We have deleted references #6 and #7 and have added new versions of #13 and #14. Reference numbers appear serially.

If you have any further questions, we would be happy to answer them. Again, thank you for your fruitful comments.

Sincerely,

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