Author’s response to reviews

Title: Unusual Implant-Related Soft Tissue Reaction: A Case Report

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Version: 3
Date: 24 March 2014

Author’s response to reviews: see over
Thank you for consideration of our manuscript for publication in your journal. We have reviewed the above manuscript according to your reviewer’s comments.
Reviewer's report

Title: Unusual Implant-Related Soft Tissue Reaction: A Case Report

Version: 2
Date: 14 March 2014
Reviewer: Mohammad Ghasemi-rad

Which of the following best describes what type of case report this is?: An unexpected event in the course of observing or treating a patient

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

Dear Author,

This is interesting presentation for a foreign body reaction. It is well presented and well explained. I have some questions that will be brought by anyone who reads your report.

1-The introduction part of abstract is vague and should be rephrased. Especially moving from the reaction to Hyditis cyst and sarcomas.

We agree with the faculty member. We have now revised the introduction section of the abstract as the reviewer indicates.(See page 1, line: 38-42)

2-Why the trochanteric specimen was not sent for histopathological examination?

We agree with the faculty member. Trochanteric specimen had to be sent for histopathological examination. But the lesion was suspected to be infection. Other probabilities were not considered. Clinicians should always be suspicious about the nature of the lesion unless
proven. We have clarified this in the discussion section as the reviewer indicates. (See page 6, line: 174-180)

3-Which strain of coagulase negative, Methicillin sensitive staph were isolated?

Staphylococcus epidermidis was isolated. Added. (See page 4, line: 99)

4-What type of implant material (metal) was used for the patient? This is to clarify if you are still using the same implants or those were only used during that time and we should no more expect this reactions.

A stainless steel was used for the patient. Although we are using less and less stainless steel implants as a developing country we don’t always have the opportunity to use the titanyum alloy implants. Therefore similar reactions can be seen in patients whom were terated with sainless steel implants. We have clarified this in the discussion section. (See page5-6, line: 157-160)

5-Why did you directly went for biopsy? Why not any other imaging report prior to that? Also you have no imaging in your figures which can help the next doctor facing the same situation to have this typical images in mind before proceeding to more invasive procedures.

We completely agree with the reviewer. Preoperative imaging and biopsy shoulb be done in all suspected cases. We tried to focus on your warnings and we have clarified this in the discussion section. (See page 6, line: 174-183)

6-Why is ESR so high? A normal foreign body reaction should not increase the ESR to more that 100?

We tried to do all the possible pre and post-operative tests to rule out infection but we could not detect any possible pathogenic organism. This high ESR level might be due to the our atipic foreign body reaction that had not been reported previously.

7- the pathology figures should have scale bar??? Manuscript should undergo minor language corrections.

We agree with faculty member. We had put a syringe next to the mass in figure 2B as a scale bar. But we did not had chance to put scale bar in other figures after operation, yet we define the dimensions of extracted tissues in the case section. (See page 4, line: 103-106). And magnification rates of figure 3 and 4 added. (See page 8, line: 252-255)

Quality of written English: Needs some language corrections before being
The English in manuscript has been checked second time by at least two professional editors, both native speakers of English. For a certificate, please see: http://www.textcheck.com/certificate/iiPvnO

Declaration of competing interests:

I hereby declare that I have not in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this paper, either now or in the future. I do not hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper, either now or in the future. I do not hold or are currently applying for any patents relating to the content of the manuscript. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript. I also declare that I don't have any other financial competing interests and do not have any non-financial competing interests in relation to this paper.

Reviewer's report

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Comments to authors:

The authors must be congratulated for highlighting a unique presentation of reaction post internal fixation. Only point for further clarification is—was Hydatid disease suspected pre-operatively or only thought of intra-operatively? If it was pre-op, was the patient evaluated for the same? I think this point is important and should be clarified in the manuscript. Quality of written English: Acceptable

Declaration of competing interests: No conflicts of interest to declare.

Thank you very much for your kind sentences.

Hydatic cyst disease was thought intraoperatively because the lesions were resembling hydatid cyst vesicles. We have clarified this in the case and discussion section. (See page 4, line: 108-111 and page 6, Line176-183)