Author's response to reviews

Title: Localized amyloidosis of the upper gingiva: a case report.

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Version: 3 Date: 3 April 2014

Author's response to reviews: see over
Author’s response to reviews

Title: Localized amyloidosis of the upper gingiva: a case report.

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Note: specific editing requested by reviewer 1 has been underlined in yellow, while specific editing requested by reviewer 2 has been underlined in green, in the new version of the manuscript attached.

The whole manuscript has undergone language and scientific editing, and new references have been added.
Reviewer's report (Referee 1)

Title: Localized amyloidosis of the upper gingiva: a case report.
Version: 2 Date: 6 March 2014
Reviewer: Adriano Piattelli

Which of the following following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

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?: No
Is the anonymity of the patient protected?: Yes

Comments to authors:
Localized amyloidosis of the upper gingiva: a case report Journal of Medical Case Reports
The aim of this case report was to present a rare case of local amyloidosis in upper gingiva.
The topic is further original, but it’s not presented with accuracy. The whole manuscript should be revised and improved as suggested below.

Abstract
In the Abstract, Authors should add information about the methods used to confirm the diagnosis; specifically, histological pictures Congo red stain used in conjunction with polarised light microscopy should be provided.

Information about the use of Congo red stain and polarized light microscopy to confirm the diagnosis has been provided in the Abstract

In the conclusion section of the Abstract the following sentence should be presented in a clearer fashion: “In the case of such a diagnosis, blood tests, a bone marrow biopsy, echocardiography and digestive endoscopy are needed to exclude systemic amyloidosis or any other haematological/immunological disorder or organ dysfunction”

This sentence has been changed and underlined in the new version of the article
Introduction

Authors should improve this section with information concerning pathogenesis, classification and different form of amyloidosis; moreover, information about classification should be moved from the Discussion section to the Introduction.

Additional information has been provided, with the aid of new references, among which the one suggested by the reviewer has been considered.

Information about classification has been moved from the Discussion section to the Introduction.

The following sentences seem to be not original and should be edited “The modern classification of amyloid disease tends to use an abbreviation of the protein that makes the majority of deposits, prefixed with the letter A.”

This sentence has been changed and underlined in the new version of the article.

Case presentation

The following sentence should be edited “Correlating the pathologic, laboratory and imaging findings a diagnosis of local primary amyloidosis without systemic involvement was made”.

This sentence has been changed and underlined in the new version of the article.

Discussion

Authors should avoid redundancies in the Introduction section.

Authors should replace the word “blood”, in the first sentences with “multisystem”.

The sentence has been modified to avoid redundancies and the word “blood” is no longer present.

In order to better explain pathogenesis of amyloidosis, it might be useful for the Author to read the following paper:


The third paragraph should be more focused on oral manifestation, gingival biopsy and its relevance as markers of systemic amyloidosis.

Oral manifestations are the main issue of the paragraph. The authors refer to systemic forms only to compare them with the case presented or to highlight oral manifestations in course of systemic amyloidosis.

The relevance of gingival biopsy as marker of systemic amyloidosis has been remarked.

Authors could improve this section with their knowledge and considerations about treatment difference between local and systemic amyloidosis.

Considerations about treatment have been provided.
Conclusion Recommendation concerning follow-up should be added.

Recommendation concerning follow-up has been added.

The text should be revised by an English proficient speaker.

Should the Authors be willing to provide the suggested major revisions, publication is strongly recommended.

Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

I declare that I have no competing interests' below.
Reviewer's report (Referee 2)

Reviewer's report
Title: Localized amyloidosis of the upper gingiva: a case report.
Version: 2
Date: 27 March 2014
Reviewer: Yehuda Zadik

Which of the following following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

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 authors,

Thank you for the submission. However, several issues have to be addressed before publication.

1. Additional scientific editing is needed.
The manuscript has undergone new editing, both in the scientific contents and in the language, in order to accomplish the features requested by the referees.

2. Please note that "fibroepithelial hyperplasia" is an histological definition rather than clinical diagnosis. Therefore, before pathologic examination the lesion should be described only in Clinical terms such as swelling, expansion etc.
The expression "nodular mass" has been used to replace "fibroepithelial hyperplasia".

3. Being the second case of gingival amyloidosis (is, an extremely rare condition) one can not expect practitioners to consider this condition in their differential diagnosis list of gingival swellings.
The inclusion of local amyloidosis in the list of differential diagnosis of gingival swellings has been
removed, and the manuscript has been changed as follows:

The unspecific hyperplastic lesion of the gingiva described in the present case proved to be the clinical counterpart of localized amyloid deposition (in the Abstract section)

Hyperplastic lesions of the gingiva can be an extremely rare manifestation of local amyloidosis. Dentists, oral surgeons, maxillofacial surgeons, pathologists as well as general practitioners should be able to cooperate for the diagnosis, treatment and follow-up. (in the Conclusions section)

4. Please provide figures of higher quality demonstrating the Congo red staining and clinical post-op follow-up.

Congo red staining and polarized light microscopy images of higher quality have been provided and attached to the new version of the manuscript.

Unfortunately, images of the post-op follow-up have been lost. However, as stated in literature, surgery is only a symptomatic therapy, performed to reduce the functional impairment. The issue of our manuscript is the diagnosis of a rare case of localized amyloidosis, rather than the outcome of the treatment. For this reason, the authors hope that this lack will not impair the publication of the manuscript.

**Quality of written English**: Needs some language corrections before being published

**Declaration of competing interests**: I declare that I have no competing interests