Author's response to reviews

Title: Posterior Mediastinal Ganglioneuroma with Peripheral Replacement by White and Brown Adipocytes resulting in diagnostic fallacy from a false positive 18F-2-fluoro-2-deoxyglucose-positron emission tomography finding: One case report

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Version: 2 Date: 30 July 2014

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

Title: Posterior Mediastinal Ganglioneuroma with Peripheral Replacement by White and Brown Adipocytes: One case report

Version: 1
Date: 8 June 2014

Reviewer: Wei WL Li

Comments to authors:

This case report is a rare tumor of fat-containing ganglioneuroma which is a second report documented in the Pub-Med literatures. This case report showed a white and brown fat-containing posterior mediastinal ganglioneuroma, which has malignant-like imaging features which showed enhanced FDG uptake in PET CT scan. It is worth to report with diagnostic value and will provide reference to clinical practice.

1. English is imperfect with many grammar mistakes.

   The manuscript has now been thoroughly revised in terms of English grammar.

2. In order to better understand the radiological images of this tumor, in Fig 1A&B, 3 phases of contrast enhanced CT and MR scan should be shown.

   Early phase contrast-enhanced CT and MR scan was not performed since the radiologist did not consider ganglioneuroma in differential diagnosis. In order to better understand the imaging features of this tumor, precontrast and late phase contrast-enhanced CT and MR images have now been included and commented upon.

3. Since the tumor was resected, then the information from the biopsy tissue were not necessary. Fig 2A &B don’t needed.

   In the revised version, the photographs of the biopsy specimens have been removed, and additional histological findings have been deleted. A description of the biopsy specimens is still included in the main text.
4. MRI and CT scan should be better discussed, PET-CT may be not a best method for checking this kind of tumor because of “false positive” imaging.

5. Conclusion should be rewritten, the authors should summarized the typical features of fat-containing ganglioneuroma, what are the best methods/specific methods for the diagnosis of fat-containing ganglioneuroma should be given.

Thank you for comments 4 and 5. The MRI and CT findings have now been included in the case presentation section, and a small discussion of diagnostic criteria of fat-containing ganglioneuroma, in order to distinguish them from other posterior mediastinal tumors, has been added to the discussion section. A summary of clinicopathological findings of ganglioneuroma with peripheral fat replacement has also been included in the discussion section.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published.
Comments to authors:

Re: 'Posterior Mediastinal Ganglioneuroma with Peripheral Replacement by White and Brown Adipocytes: One case report'

Journal of Medical Case Reports

Thanks for asking me to review this case report.

The case report has been submitted in systematic format and highlights an important aspect of Ganglioneuroma i.e., the process of adiposogenesis within the tumour and the diagnostic fallacy with regards to false positive FDG PET scan results in a reportedly benign disease.

The authors I feel wish to highlight this aspect of the diagnostic management of Ganglioneuroma. This however is not very clearly impressed upon in the case report.

MRI and CT findings have been added to the case presentation section, and diagnosis of fat-containing ganglioneuromas has been highlighted in the discussion section.

The paper adds to the current knowledge that there exists a pathogenic process of adipose change in tumours. This case report has also attempted to highlight the importance of FDG positivity despite a benign histology on biopsy in this unusual mass in the lung.

Presentation

The title may need revision after the authors have reviewed the main story from the report i.e. is it the brown adipocyte change or the diagnostic fallacy with FDG positivity and benign aetiology in resected.

Thank you for your suggestion. The title has now been changed to “Posterior mediastinal ganglioneuroma with peripheral replacement by white and brown adipocytes resulting in diagnostic
fallacy from a false positive 18F-2-fluoro-2-deoxyglucose-positron emission tomography finding: a case report.”

The case report seems logically constructed but lacks explicit information with regards to why the clinicians decide to go for resection.

Resection was performed, as a malignant adipocytic tumor could not be excluded. This has been added to the revised version of the manuscript.

Report seems appropriate in word-counts and images. The written style seems slightly incongruable.

Abstract

The abstract seems to conform to the journal’s published guidelines for authors and seems to be describing the case and the condition.

The key words listed seem appropriate.

Introduction

The literature review doesn’t seem to include a key paper from Japan itself with the similar features described in a patient with Ganglioneuroma.

[A case of posterior mediastinal Ganglioneuroma with fat tissue].


Thank you for your suggestion. The above case report as a member of fat-containing ganglioneuromas has now been cited the introduction and discussion sections.

Clinical Report
In the clinical presentation para 1 sentence 4, the mass had not changed successfully ..... How and what happened to the mass are there serial imaging to clarify.

Serial imaging showed no change in size, location, or shape of the mass.

Sentence 5 to be rephrased

The sentence has been rewritten for clarity.

Sentence 7 states lab test unremarkable but why has phaeochromocytoma screening not been done with a Background of hypertension.

This is because the clinician recognized that the hypertension in this patient was essential hypertension. For this reason, pheochromocytoma screening was not performed, and pre- and postoperative catecholamine levels are not available. After surgery, the patient remained mildly hypertension, which suggests that the tumor was likely nonfunctioning. In the revised version, the patient’s hypertension has been described in more detail.

Sentence 7 also uses abbreviations SCC, CEA, CYFRA this should be expanded.

The abbreviations have now been removed.

In the details of follow up and after care given the report mentions a 3 month hospital stay is there a reason for such a prolonged stay.

The long hospital stay was needed to control postoperative local pain. An explanatory note has been added to the revised version.

Discussion
Sentence 5 starting at the rpresent .....should be repharsed unable to comprehend the message there.

The sentence has been rewritten for greater clarity.

3 rd. paragdaph sentence sentence 8 starting Microspcically in the grayish should probably read greyish

Since American English was used in the manuscript, ‘gray’ has been maintained since ‘grey’ is used in British English.

Conclusions

Adequate

Acknowledgements

I have not seen a statement of conflict of interest.

The statement of conflict of interest has now been added.

Unclear if the patient’s consent been obtained for their inclusion in the report

The fact that informed consent was obtained in now included in the Consent section.

References

I feel these following references must be reviewed and used appropriately

No.1   [Ganglioneuroma of the mediastinum. Apropos of a case]. 


No. 2  [Adrenal ganglioneuroma: report of a case].

No. 3  [Adrenal ganglioneuroma: a case report].

No. 4  [Ganglioneuroma arising in the adrenal medulla: a case report].
(PMIID: 9503205) Ito H, Fuse H, Hirano S, Masuda S, Koshida H

No. 5  Multiple ganglioneuromas: a report of a case and review of the ganglioneuromas.

No. 6  Mediastinal tumors of peripheral nervous system origin.
(PMIID: 10355655) Marchevsky AM
Seminars in diagnostic pathology [1999 Feb; 16(1):65-78]

No. 7  Presacral ganglioneuroma: a case report and review of literature.
No. 8  Malignant smooth muscle tumors presenting as mediastinal soft tissue masses. A clinicopathologic study of 10 cases.

(PMID: 7922976) Moran CA, Suster S, Perino G, Kaneko M, Koss MN

No. 9  Fat attenuation lesions of the mediastinum.

(PMID: 11711800) Boiselle PM, Rosado-de-Christenson ML

No. 10  Posterior mediastinal biphasic synovial sarcoma in a 12 year-old boy: a case report and review of literature.

(PMID: 21358103) Pal M, Ghosh BN, Roy C, Manna AK

No. 11  [A case of posterior mediastinal ganglioneuroma with fat tissue].


Thank you for your kind recommendation. We have looked at all these references except for the first, which we could not obtain. References 3 and 11 have been added to the revised version.

Level of interest: An article of importance in its field

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

Declaration of competing interests: None declared
Other three revised points are described as follows;

The ethnicity of the patient described has been added.

The name of the hospital in the Case presentation section has been deleted in the revised version.

After removal of two photographs in Fig. 2 in response to the reviewer’s query, placement of the remaining photographs was changed to reduce height of the figure 2.

Previous reference 7, ‘Carney JA: Psammomatous melanotic schwannoma. A distinctive, heritable tumor with special associations, including cardiac myxoma and the Cushing syndrome. Am J Surg Pathol 1990, 14:206-222.’ was removed in the revised version since it described an unusual case of familial schwannoma.