Author's response to reviews

Title: ALK-negative anaplastic large cell lymphoma with extranodal involvement of the thigh muscle: A case report

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Author's response to reviews:

Dear, Michael Kidd
Editor-in-Chief
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Title: ALK-negative anaplastic large cell lymphoma with extranodal involvement of the thigh muscle: A case report

We greatly appreciate the helpful comments and instructive criticism raised by three reviewers. By addressing the concerns raised by reviewers, educational value of this manuscript has been elevated.

We hope this manuscript will be found suitable for publication in Journal of Medical Case Reports

Yours sincerely
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Reply to Reviewer 1’s comment
1) We rewrote the sentence.
Before correction
The man had a history of weight loss but other systemic symptoms or abnormal clinical findings including night sweat or swelling of the inguinal lymph node were absent.

After correction
The man had a one-month history of weight loss but other systemic symptoms or abnormal clinical findings including night sweat, skin lesion, or swelling of the inguinal lymph node were absent.

2) We re-checked the immunohistochemistry expression of CD34. CD34 was negative and we corrected it according to the kind suggestion of the Reviewer.

Before correction
Immunohistochemical examination revealed that the atypical cells were positive for CD3, CD30 (Fig 3B, ×40), CD34, CD45, and CD45RO but negative for CD20 and ALK (Fig 3C, ×40).

After correction
Immunohistochemical examination revealed that the atypical cells were positive for CD3, CD30 (Fig 3B, ×40), CD45, and CD45RO but negative for CD20, CD34, and ALK (Fig 3C, ×40).

3) We included the following sentence in DISCUSSION section.
Another main differentiating point between ALK-positive ALCL and ALK-negative ALCL is the difference in the age range affected.

Reply to Reviewer 2’s comment
We rewrote the sentence.

Before correction
Clinicians are unlikely to encounter ALCL when patients present with multiple soft-tissue masses and B symptoms.

After correction
Clinicians are unlikely to encounter ALCL when patients present with multiple soft-tissue masses and B symptoms, i.e., systemic symptoms of fever, night sweats, and weight loss.

Reply to Reviewer 3’s comments
1. We made two linguistic corrections. So we rewrote the following sentences in the ABSTRACT, CASE REPORT, and FIGURE LEGENDS section.

Before correction
However, rapid systemic dissemination had been occurred and the patients died of multiple organ failure 5 weeks after his first visit to our hospital.
However, rapid systemic dissemination had been occurred and the patient died of multiple organ failure 5 weeks after his first visit to our hospital.

In FIGURE LEGENDS section

Before correction

Figure 3B, 3C: Immunohistochemical examination revealed that the atypical cells were positive for CD30 (B), but negative for ALK (C).

After correction

Figure 3B, 3C: Immunohistochemical examination revealed that the atypical cells were positive for CD30 (B), but negative for ALK (C).

2.

1) We did not carry out T-cell receptor gene rearrangement studies.

2) We performed some EBV markers tests. Anti EA-IgG (ELISA) antibody was < 0.5 (negative). Anti VCA-IgG (ELISA) was 8.9 (positive). Anti EBNA-IgG (+), IgM (-).

We replied the comments

1. We removed the Running head section.

2. We included all the co-authors’ email addresses.

3. We changed the term “man” to “male” in the ABSTRACT and Case presentation sections

4. We included the Ethnicity of the patient in the ABSTRACT and Case presentation sections

5. We included a list of abbreviations.

6. We did not have anyone who contributed to the study. So We did not include the acknowledgement section.

7. We submitted a single composite file.