Author’s response to reviews

Title: Small bowel metastasis from pulmonary rhabdomyosarcoma causing intussusception: a case report

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Author’s response to reviews:

Reviewer reports:

Zubair Ahmad (Reviewer 1): It is not very clear how this was confirmed to be a primary pulmonary rhabdomyosarcoma. Clarity on this issue is essential.

Histological examination of transthoracic biopsy showed numerous compactly clustered small malignant cells with pleomorphism. A high mitotic rate was observed. Several rhabdomyoblasts were observed in the partial area. Immunohistochemistry showed that the cells were positive for desmin and MyoD1, which were consistent with the diagnosis of RMS. Extension study was performed through gastroscopy, colonoscopy, and abdominal CT. Results were negative. PET/CT demonstrated a fluorodeoxyglucose-reactive large lesion in the left lower lobe without metastatic lesions. Based on these results, we believe that the patient diagnosed with primary pulmonary rhabdomyosarcoma is clear.

Reviewer 2 (Reviewer 2): "PEER REVIEWER ASSESSMENTS:

RELEVANCE - Does this case report make a contribution to medical knowledge, have educational value, or highlight the need for a change in clinical practice or diagnostic/prognostic approaches? Yes, this report contributes to medical knowledge.

CASE DESCRIPTION - Are the details of the case sufficiently well described to understand the patient's symptoms and course of treatment? Yes, the description of the case is sufficient.

DIAGNOSIS/INTERPRETATION - Based on the facts presented, are the diagnosis, interpretation, and course of treatment medically sound? Yes, the work described is medically sound.
DISCUSSION OF THE CASE - Does the discussion appropriately analyse the importance of the findings and their relevance to future understanding of disease processes, diagnosis or treatment? Has an adequate literature review pertinent to the case been included?

No - there are major issues.

To our knowledge, only a limited number of studies focus on the initial factors associated with distant metastasis in children with rhabdomyosarcomas. Older patient age at presentation, unfavorable sites of the primary tumor, the size of the primary tumor, an alveolar subtype, and the presence of regional lymph node metastasis have been recognized as prognostic factors for rhabdomyosarcoma. Limited information is reported about the clinicopathological features of RMS in adult in the literature. The revised parts have been marked on the manuscript. (Discussion section, line 107, page 4)

OVERALL MANUSCRIPT POTENTIAL - Could an appropriately REVISED version of this work represent a technically sound contribution?

Probably - with minor revisions.

PEER REVIEWER COMMENTS:

GENERAL COMMENTS: Good case report that is NOT the first as the authors claim.

The corresponding section of the manuscript has been revised. (Discussion section, line 125, page 5)

REQUESTED REVISIONS:

The authors claim that the first such case. However a meticulous search points to the opposite. I would refer the authors to the following links that mandate a rewriting of sections that claim that this is the first such a case; https://www.researchgate.net/publication/227588547_Pulmonary_rhabdomyosarcoma_with_isolated_small_bowel_metastasis_A_report_of_a_case_with_immunohistochemical_and_ultrastructural_studies

The corresponding section of the manuscript has been revised. (Discussion section, line 125, page 5)

ADDITIONAL REQUESTS/SUGGESTIONS:

The instruction needs to be extended to address clinicopathological factors of RMS in adults and more specifically pulmonary RMS in adults, particularly in non smokers like the case being reported."

RMS is a rare malignancy. Nonetheless, it is a common childhood cancer, constituting more than 50% of all soft tissue sarcomas. In contrast, RMS is exceedingly infrequent in adults: soft tissue sarcomas make up less than 1% of all adult malignancies, and RMS accounts for 3% of all soft tissue sarcomas. Primary pulmonary RMS in adult is extremely rare. Limited information is reported about the clinicopathological features of RMS in the literature. The outcome of adults with RMS was worse than that of children. The corresponding section of the manuscript has been revised. (Background section, line 46, page 2)

Fedja Rochling (Reviewer 3): Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format.

Please overwrite this text when adding your comments to the authors.
By Fedja Rochling MB BCh (NUI) MBA
Small bowel metastasis from pulmonary rhabdomyosarcoma causing intussusception: a case report

1. Line 28 term "Extension study" should be reconsidered
   a. Comment
   b. Would replace with something like "staging was performed using gastroscopy etc …"
The corresponding section of the manuscript has been revised. The revised parts have been marked on the manuscript. (Abstract section, line 28, page 1)

2. Line 113
   a. RMS is highly aggressive and metastatic.
   b. Comment: would remove
It has been removed from the manuscript.

3. Line 121: Small bowel metastases are clinical manifestations of an advanced tumor
   a. Comment: this statement is very general. Any metastasis is advanced tumor burden by definition. Suggest to remove the sentence
It has been removed from the manuscript. The corresponding section of the manuscript has been revised.

4. Line 132:
   a. should be revised as the submitted case report is probably the 2nd report for this kind of presentation
   b. Another case report was noted upon search of literature
The corresponding section of the manuscript has been revised. (Discussion section, line 136, page 5).
This article was added to the reference. (Reference section, line 206, page 7)

5. References
   a. Could also include
This article was added to the reference. (Reference section, line 191, page 7)