Author’s response to reviews

Title: Ultra-high b-value diffusion-weighted imaging features of the prostatic leiomyoma-Case Report

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Author’s response to reviews:

Farzad Khalvati, PhD
BMC Medical Imaging

Dear Editor and reviewers,

Re: BMIM-D-17-00058

Ultrahigh B-value diffusion-weighted imaging features of leiomyoma of the prostate-Case Report

Thank you very much for your nice and detailed review. We’ve provided a point-by-point revision or response to your comments. We deeply appreciate your valuable opinions, which stimulate a more thorough consideration of the essay.
Takahito Nakajima, M.D., Ph.D (Reviewer 1): This is a revised manuscript of BMIM-D-16-00216R1 after reject. The authors reported a case of prostatic leiomyoma with MR findings, including DWI analysis. However, for clinical aspect, it is easy to distinguish prostatic leiomyoma from prostate cancer on MR imaging.

This is an incidental report to depict a leiomyoma on MRI in the prostate after the radical prostatectomy. Frank S. Patch and Lawrence J. Rhea reported "LEIOMYOMA OF THE PROSTATE GLAND" in 1935, British Journal of Urology Volume 7, Issue 3, pages 213-228, September 1935. According to their literature review, 25.4% of 181 consecutive patients, who had total prostatectomy, coexisted leiomyoma in benign hyperplastic (BPH) nodules.

Overall, this manuscript was well-revised and the image quality became much better. However, for the above reasons, this case would not be rare.

The authors should cite Patch and Rhea's paper and can point out that most cases of co-existence with leiomyoma and BPH would be missed on MRI.

Response: Thank you for your comments. We have revised the case report according to your suggestions. In our discussion, we conducted a literature review of Patch and Rhea's paper [Discussion, L143-L144, L157-158, L172-175]. The revision has been thoroughly checked by an experienced research in terms of its fluency and readability.

Major issues:

p8L144, this line should be reconsidered for the above reasons.
Response: Thank you for your comments. Changes have been made [Discussion, L143-144].

p9L167-168, remove this sentence.
Response: Thank you for your comments. We have removed the sentence from the Discussion.
In the background, after L53-54 sentence, the author can describe why they performed a radical prostatectomy clearly. The reason would be to remove prostate cancer. Incidentally, the leiomyoma was found in BPH nodule after the operation.

Response: Thank you for your comments. Yes, we have provided the reason as suggested [Background, L53-55].

Minor issues:

In abstract, \((T2W1) > (T2WI), (T1W1) > (T1WI)\)

> These abbreviations are not necessary in the abstract since no repeated use of these terms were not seen.

Response: We have removed these abbreviations from the Abstract [Line 34,35].

Table 1, unify the font style.

Response: We have unified the font style on Table 1.

Frederik De Keyzer (Reviewer 2): Discretionary Revisions:

*/ Abstract, Line 28: "no reports have described the DWI and ADC findings of prostatic leiomyomas". A recent paper by Mussi et al seems to describe these for 3 cases at once. However, they only have b-values up to 800 I believe, so what you mention in the rest of the text regarding 'ultrahigh b-value' can still be considered correct.

Response: Thank you for your comments. Changes have been made [Abstract, Line 28].
Minor Essential Revisions:

*/ Abstract, Line 33: "showed a homogeneous slightly hypointense than skeletal muscle" should be something like "showed a homogeneous lesion, slightly hypointense compared to skeletal muscle". You have other similar constructs later on, which should be corrected as well.

Response: Thank you for your comments. We have revised these sentences throughout the manuscript.

*/ Case Presentation, Line 70: "phasedarray" should be "phased array" or "phased-array".

Response: Changes have been made [Case Presentation, Line 72].

*/ Multiple times you state "was enhanced obviously" (for instance, but not limited to, Line 88 and Line 96). Please rephrase this to something like "was strongly enhanced" or "showed clear enhancement".

Response: Thank you for your comments. Changes have been made [Case Presentation, Line 90 and Line 98].

*/ Lines 88 and 282: I assume with "aerial phase" you mean "arterial phase"?

Response: Thank you for your comments. Changes have been made [ Lines 90,103 and 315].

*/ Line 139: "its typically features" should be "the typical features".

Response: Thank you for your comments. Changes have been made [ Lines 33,132 and 135].

*/ Line 174: "uniformcigar-shaped" should be "uniform cigar-shaped".

Response: Changes have been made [ Lines 181]
Major Compulsory Revisions:

*/ References: I would certainly expand the literature comparison to add the latest reports on prostate leiomyoma. I immediately found two references that are worth discussing (Mussi et al Einstein 2016; 14(3):374-377, and Ringoir et al. Urology Case Reports 2016;9:45-47). Especially the former includes 3 cases with DWI and ADC maps, which should be compared with your case.

Response: Thank you for your comments. We have further expanded our discussion as suggested [Discussion, L139-L141, L143-144,L172-175].