Author’s response to reviews

Title: Great auricular nerve schwannoma in neck region: a case report with the risk of medical disputes

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Author’s response to reviews:

Dear editor:

Thank you very much for your decision letter and advice on our manuscript " Great auricular nerve schwannoma in neck region: a case report with the risk of medical disputes ". We also thank the reviewers for their helpful and critical comments and suggestions. Accordingly, we have revised the manuscript. In addition, point-by-point responses to the comments are listed below this letter.

We hope that the revision is acceptable for the publication in your journal.

Look forward to hearing from you soon.

Yours sincerely,

First of all, we would like to express our sincere gratitude to the reviewers for their constructive and insightful comments.

For Samer S. Hoz (Reviewer 1):

Questions: In figure 2 and 3, the comments and the figure are not quite self-explanatory. I would recommend a more detail description in the figure legends and adding anatomical direction, landmarks as well as pointers for the figures to attain more comprehensive figures for the readers”.

Response: Thank you for your insightful comments. We enriched the legends and added anatomical direction, landmarks as well as pointers for the figures ( in the last page).
For Morgan Broggi, M.D., Ph.D. (Reviewer 2):

Question 1a: "The terminology "annual incidence" is not correct; in the article from where this information was taken, they were referring to the general incidence of this kind of tumors."

Response: Thank you for your insightful comments. We deleted the word “annual” in the background section in line 3.

Question 1b: "The authors correctly report that schwannomas most commonly originate from the VIIIth cranial nerve in the head and neck region, but then they write that this is most common in the parapharyngeal space of the neck region. This information is anatomically incorrect. What do you mean?"

Response: schwannomas most commonly originate from the VIIIth cranial nerve in the head and neck, however, they most occur in parapharyngeal space for the neck region. We revised it in the background section (line 5 with blue font).

Question 1c: "In the last sentence, the word schwannoma must be removed after "great auricular nerve" because it is a repetition."

Response: Thank you for your insightful comments. I have deleted the repetitive word.

Question 2a: "No history of smoking or alcoholism" is an irrelevant piece of data in this case presentation.

Response: we agreed with that and deleted those items in the case presentation section (the last sentence of first paragraph).

Question 2b: Why the authors report the presence of subcutaneous nodules (plural) when the lesion was single?

Response: We have changed the plural to the singular in the case presentation section (line 8).

Question 2c: What do they mean by "equal T1 and T2 signal"? Please describe the lesion features on MR or show T1 and T2 in the figures.

Response: It means intermediate signal at both T1 and T2. MRI revealed a well-defined round-like mass (diameter ~1.5cm) located on the superficial surface of sternocleidomastoid muscle. The mass presented inhomogeneous intermediate signal at T2 similar with Antoni A as well as Antoni B area. We revised it in the case presentation section (line 9).
Question 2d: There are many misspelling or unclear expressions: what does "external excision" mean? Do you know an "internal excision" technique? And moreover, "Popation tenderness", "Sounding skin", "raction" and many others. Please correct.

Response: So sorry for that. surgery was preferred. We corrected these spelling mistakes in the case presentation section (external excision – surgery, popation tenderness - pressing pain, sounding skin - peripheral skin and raction - traction).

Question 2e: The authors write that GAN schwannoma was not considered among the possible etiologies of the lesions. Which were the possibilities taken into account by the authors?

Response: As to superficial mass of neck, we firstly took abnomal lymph node into account for that schwannoma originated from the trunk of the greater auricular nerve had not been reported previously. However, radiologists considered the possibility of schwannoma via MRI features. Therefore, we thought that the mass may originate from small sensory nerve fibers. We added the content in the case presentation section ( page 4, line 6, blue font).

Question 2f: Which kind of follow-up was performed? What does "regular follow-up was adapted mean"?

Response: As reported in other literatures, the patient was followed-up regularly (every 3-6 months). We revised the sentence and added references in the case presentation section ( page 4, line 14, blue font).

Question 3a: "Schwannoma was rarely originated from the trunk of the greater auricular nerve rather than the subsequent branches in our reported case". This sentence is not very clear. Wasn't the schwannoma reported in this case originating from the common trunk of the nerve rather than from one of the branches (according to the post-operative deficit)?

Response: Sorry for errors in expression. I have changed the sentence so that the meaning is more accurate in discussion and conclusion section (line 4, blue font).

Question 3b: The authors write that TWO diagnostic evidences were in favor of GAN schwannoma, but then they report three of them. Please rectify this.

Response: Sorry for errors. The relevant number has been changed (Discussion and conclusion section, line9) .

Question 3c: The authors write that schwannomas are insensitive to radiotherapy. This is not true since radiotherapy and radiosurgery are frequently used to treat this kind of lesions, especially if small (Jane Halliday, Scott A Rutherford, Martin McCabe &amp; Gareth D Evans (2017): An

Response: Thank you for your insightful comments. “Schwannomas are insensitive to radiotherapy” is incorrect indeedly. The mainstays of management strategies to vestibular schwannoma include observation, surgery, radiosurgery/radiotherapy. However to our knowledge, surgery was more reported as the first choice to extracranial head and neck schwannomas, possibly due to radioresistance. We revised the content and added references in the case presentation section (page 4, paragraph 3, blue font).

Question 3d: "Awared of patients" is grammatically incorrect.

Response: The incorrect part has been changed to “acceptable to patients” (discussion section, last paragraph)

Question 3e: The last sentence of the manuscript is not necessary, since it is a repetition of the one above.

Response: I have deleted the unnecessary parts.

Question 4: English grammar and syntax need to be revised by an English-speaking person

Response: English grammar and syntax has been revised by an English-speaking person.