Author’s response to reviews

Title: Primary Extranodal Marginal Zone B-cell Lymphoma with Diffuse Uveal Involvement and Focal Infiltration of the Trabecular Meshwork: A Case Report and Review of Literature

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

**Title:** Primary extranodal marginal zone B-cell lymphoma of whole uvea with focal infiltration of trabecular meshwork: a case report and review of the literature

**Version:** 2  **Date:** 26 February 2015

**Reviewer #1:** Siddesh Shambhu

**Reviewer's report:**

**Major Compulsory Revisions**

*I have attached a copy of the manuscript with my editing suggestions added into it as well some general concerns regarding the manuscript.*

Your suggestions are helpful to us and we addressed the comments in our revised manuscript.

*My overall concern why did the person present with 2 years progressive history of visual loss? In Europe/US this would not happen which makes this case difficult for readers to relate too for this very reason. At most it would be months in Europe perhaps weeks even.*

We believe that the standard in Europe/US is rigorous. However, choroidal involvement of EMZL can present various and nonspecific features. The diagnosis is commonly delayed for its insidious onset and its ability to simulate other conditions. We addressed this comment in Discussion section in Line 140-143 Page 7 as follows: “Loriaut et al. reported a series of choroidal and adnexal extranodal marginal zone B-cell lymphoma. In their 9 cases, the mean time to diagnosis was 12 months and the longest period for diagnosis delay was 24 months”. This was consistent with our data.

In addition, we added the past medical history from 2010 to 2012 as follows: Since 2010, the onset of the vision decrease, a flat serous retinal detachment in his right eye was detected by a local ophthalmologist. However, no treatment was given, for the diagnosis 70 was unclear at that moment. After several outpatient follow-ups, the disease progressed gradually. One year later, he visited another ophthalmologist for a second opinion. At that time, a choroidal mass with associated serous retinal detachment was detected, yet no treatment was performed, for the diagnosis remained unclear. (Line 68-74, Page 3-4)
Also the management seems very slow and passive compared to Western standards. Why the 1 year gap before enucleation was performed given the prior imaging findings?

The patient and his family refused to receive aggressive treatment, including biopsy. When he came back to our institute last time, visual acuity deteriorated to no light perception. We have to perform enucleation after obtaining informed consent from patient. The detailed information was added in Line 90-98 Page 4-5: “The patient was loss to follow up until 6 months after intravitreal ranibizumab injection. Magnetic resonance imaging (MRI) of the orbits confirmed extensive choroidal thickening involving the optic disc with a height of 0.37cm. Two lobulated soft tissue masses were seen around the optic nerve. Fundoscopy revealed deteriorated retinal detachment (Figure 1B). The patient and his family refused to undergo aggressive treatment, including biopsy. One year later, patient returned to our clinic with visual acuity of no light perception on the right eye. Since the etiology of the mass was uncertain, enucleation was performed after written informed consent was obtained from the patient”.

I do not feel there is sufficient new information in this case to warrant publication. The involvement of trabecular meshwork is a very minor feature of this case and certainly on its own does not warrant publication. Apart from that there is nothing else in the case.

Intraocular choroidal involvement of EMZL has rarely been reported. Primary iridal and ciliary body lymphomas are exceptionally rare, with only a handful of cases reported in the literature. We found only two reports that the whole uveal tract was involved by EMZL in our literature review. However, no infiltration of trabecular meshwork was mentioned in any cases. In this case we reported, the diffuse uvea, including choroid, ciliary body and iris, was totally infiltrated by lymphoma. The trabecular meshwork was also involved, which was the first report to the best of our knowledge. We believe this may give the readers some indications.

Also the written English does not flow really well. One can tell it has been written by someone whose English is not his first language. Not a specific criticism just a general thing I noticed.

We have checked carefully and made the revision as indicated. Also, a native English speaking colleague helped to copyedit the paper.

Minor Essential Revisions

1. We modified the first sentence in the abstract, which is “Primary extranodal
marginal zone lymphoma (EMZL) of the uvea is a rare condition and the diagnosis may be challenging”. (Line 27-28, Page 2)

2. We modified the spelling error from “findings” to “findings”. (Line 39, Page 2)

3. We used 20/20 type terminology to report the visual acuity. (Line 75-76, Page 4)

4. The patient refused further examination after being informed of possible complications. So we have to make susceptible diagnosis and give experimental treatment according to the present examinations. (Line 85-88, Page 4)

5. One confusing sentence was revised to “Most of these cases involved extraocular tissue, with only 10 cases having no extraocular extension”. (Line 133-134, Page 6)

6. We modified “be resulted from” to “result from”. (Line 145, Page 7)

**Level of interest:** An article of insufficient interest to warrant publication in a scientific/medical journal.

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

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:** I declare that I have no competing interests
Reviewer's report

Title: Primary extranodal marginal zone B-cell lymphoma of whole uvea with focal infiltration of trabecular meshwork: a case report and review of the literature

Version: 2 Date: 13 December 2014

Reviewer: Noriyasu Hashida

Reviewer's report:

The Authors have submitted a case report of the patient with uveal EMZL who was histologically well investigated and good review of the literature. I carefully reviewed the manuscript Overall, the paper is concise and direct to the point. I think this report should be of particular interest to the readers of the BMC Ophthalmology.

Reviewer noticed misspelling of word "findings" in page 2, line 37.

The misspelling word “findings” has been modified to “findings” as indicated. (Line 39)

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: I declare that I have no competing interests.