Author’s response to reviews

Title: Granular cell tumor presenting as an intraocular mass: a case report

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Author's response to reviews:

Dear Editors,

Thank you very much for your letter and advice. We have revised the manuscript, and would like to re-submit it for your consideration.

We studied the comments carefully and took all the comments into full account in revising our manuscript. We agree that all the comments have helped improving our manuscript. The amendments are highlighted in red in the revised manuscript. Point by point responses to the reviewers’ comments are listed below this letter.

This manuscript has been edited and proofread by American Journal Experts.

We hope that the revised version of the manuscript is acceptable for publication in your journal. I look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Dr. Chen.

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We would like to express our sincere thanks to the reviewers for the constructive and positive comments.
Replies to Reviewer 1

1. I believe that sensory exotropia may be the better term.
Response: We thank the reviewer very much for the comment. Correction has been made in the revised version.

2. Was there any change in tumor size or associated conditions during the 9-month period between the vitreous biopsy and vitrectomy with tumor resection? Why did they have 9-month period until tumor resection?
Response: We thank the reviewer very much for the concerns. The parents of the girl were hesitant about the second operation, and eventually agreed to the treatment after nine months. No obvious changes in tumor size or associated conditions during the 9-month period according to the examinations of slip-lamp microscope and B-scan ultrasonography. Correction has been made in the revised version.

3. Could you provide a gross image of the surgical specimen obtained by tumor resection?
Response: We are sorry that none of the authors took a gross photo of the surgical specimen or a video of the surgery. But we provided a fundus photo of the tumor.

4. The authors stated that intraocular GCT should be kept in mind and considered in clinical practice. Please specify who should be considered for GCT.
Response: We thank the reviewer very much for this comment. In our opinion, intraocular GCT should be considered for the patients with intraocular mass which are similar to the present case report and the patients with GCTs because multiple or multifocal GCT have been reported in up to approximately 25% cases. Correction has been made in the revised version.

Replies to Reviewer 2

1. Although the authors performed IHC of the extracted tumor, only a pustule ovoid body of Milian was shown in Figure. Please provide IHC images as well as the photo of the extracted tumor.
Response: We deeply appreciate the reviewer’s suggestion. We would like to provide immunohistochemistry (IHC) image on revised Figure. The other IHC images will be attached as supplementary files. As responded above, we are sorry about that none of the authors took a gross photo of the surgical specimen or a video of the surgery. But we provided a fundus photo of the tumor.

2. Preoperative CT scans and postoperative fundus photographs should be also given.

Response: We deeply appreciate the reviewer’s suggestion. We did not give preoperative CT images when we submitted this manuscript because no characteristic performance, such as calcification, was noticed on CT scans. We now provide a CT image on revised Figure. We are sorry that no postoperative fundus photograph could be given because the anterior capsule of the lens got opaque soon postoperatively, and the fundus was invisible through the pupil.

3. I think manuscript should be amended by professional academic English editing, otherwise I could not precisely understand what the authors want to convey in it.

Response: We deeply thank reviewer’s suggestion. As responded above, this manuscript has been edited by American Journal Experts.