Author’s response to reviews

Title: CT and MRI findings in relapsing primary malignant melanoma of the lacrimal sac: A case report and brief literature review

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Author’s response to reviews:

Dear Prof. Lingling Tian,

Re: BOPH-D-19-00746R1 CT and MRI findings in primary malignant melanoma of the lacrimal sac: A case report and brief literature review

Thank you for your e-mail of 06-12-2019. Here are my responses to the reviewers’ comments.

Mohammad Javed Ali (Reviewer 1):

The authors present a nicely documented case of a rare malignancy - the lacrimal sac melanoma.

Comment 1

Numerous places, it was noted that the authors were stressing on the fact that this was the first paper to report the CT and MR characteristics, which is not true.

CT features have been well documented long back in many cases already (Int Ophthalmol. 2014 Feb;34(1):111-5. doi: 10.1007/s10792-013-9743-5. Epub 2013 Mar 1.) . With regards to MRI, numerous papers discuss the classical findings as well, so in no way can it be placed as the first time. What the authors found was just a deviation from the routine findings. To say that these
deviant MRI findings are those of MM of the lacrimal sac would not be correct based on a single report. The authors can say that they have newer MRI findings and go ahead.

[Response] Thank you for your suggestion. Based on many cases, it is not the first paper to report the CT and MR characteristics, it is the paper which is first time to summarize the CT and MRI characteristics of lacrimal sac melanoma. We summarize imaging characteristics in table 1 and table 2. More than 20 cases were summarized in tables and discussed include our case. For example, we found that “several reports on CT-scan for lacrimal sac melanoma show the presence of a soft lesion in the lacrimal sac fossa (Table 1). Similarly, our case presented isodensity and slightly high density on CT images, without calcification. Cystic change is uncommon.” (line 79-81) and “according to previous literatures on CT images, the lesions extend into the nasolacrimal duct without nasolacrimal duct bone destruction, accounting for 50% (10/20) (Table 1), after which they invade the surrounding bone and soft tissue.” (line 84-86), and so on.

Comment 2

The discussion should compare the radiological findings with those published already. [Response] We have discussed and compared the previous radiological findings. For example, “To the best of our knowledge, only six case reports have been published describing the MRI radiological features of this condition. There are four cases with intermediate signal intensity on T1 weighted image including our case (4/7), only one case presented with typical signals on T2 weighted images (Table 2).” (line 101-103)

Comment 3

The references mentioned in the table are all not present in the case report references.

[Response] Thank you for your suggestion. We would like to present all the literatures which we have listed in the table. But what we regret is that the number of case reports references in the BMC Ophthalmology is limited.

Comment 4

Please send the manuscript once for English editing before submitting the revision.

[Response] The spelling and syntax errors have been checked and corrected.

Ludwig Heindl (Reviewer 2):
This paper is of high clinical interest. It is well-written and should be published due to this rare disease.

However, the reference list has to be updated. The authors MUST include and discuss the following papers:

Comment 1

1. [Malignant melanoma of the lacrimal sac].
Heindl LM, Schick B, Kämpgen E, Kruse FE, Holbach LM.
It is in German, but very very relevant.

[Response] Thank you for your suggestion. We have added the paper in the table 1.

Comment 2

2. Tumors of the lacrimal drainage system.
Heindl LM, Jünemann AG, Kruse FE, Holbach LM.
It is a most recent important review.

[Response] We have added the review in the paper.

Alexandre Matet (Reviewer 3):

This is an interesting manuscript dealing with a very rare condition that is worth reporting in the literature to help ophthalmologists, radiologists and pathologists who may face similar findings.

MAJOR COMMENTS

Comment 1
Since imaging was only performed at the relapse, and not the initial tumor, authors should make this more explicit and modify the title as: CT and MRI findings in RELAPSING primary malignant melanoma of the lacrimal sac: A case report and brief literature review

[Response] Thank you for your suggestion. We have changed our title as: CT and MRI findings in relapsing primary malignant melanoma of the lacrimal sac: A case report and brief literature review

Comment 2

RESULTS

Authors should present the patient history in chronological order: starting with the initial surgery, the pathology results, the relapse and finally the radiological findings.

[Response] In the case presentation part, we have presented the patient history in chronological order: A 50-year-old female patient who had a mass in the lacrimal sac area for more than 3 months is presented in this case. The mass showed a slow and progressive swelling. She experienced occasional epiphora and pain, without blood discharge or impaired vision. After 6 months, the patient underwent a dacryocystectomy for the left lacrimal sac mass and postoperative pathology examination confirmed the presence of malignant melanoma. Three months after the operation, a lump in the lacrimal sac area had gradually increased. The patient was suspected of local recurrence and she was referred to the ophthalmology department for further treatment.

P3 line 46:

Comment 3

Bone enlargement: may result from the previous dacryorhiocydtostomy. This should be discussed.

[Response] This has been revised in the discussion section.

Comment 4

Figures: I would suggest to add arrows to the figures in order to identify better the pathologica findings.

[Response] We have added arrows to the figures.

MINOR COMMENTS
DISCUSSION

Comment 5

P3 line 65

"The incidence was between 4% and 13%."  

Authors should explicit the meaning of this sentence (totally meaningless as formulated). Moreover, these percentages seem exaggerated in the context of an extremely rare disorder.

[Response] Thank you for your suggestion. Primary lacrimal sac melanoma is an extremely rare. We are sorry that our description caused a misunderstanding. In our article, we only write the incidence, but not the location. We have added the location as: The incidence of primary lacrimal sac melanoma is between 4% and 13% in lacrimal sac tumors and it accounts for 0.7% of ocular melanomas.

Comment 6

P6 line 124: "The limitation of this case report is that the number of cases is too small, we hope that more cases with imaging examination will be studied in the future."

This sentence should be deleted since by essence a case report contains only one case!

I would suggest to mention the limitation that imaging was only performed at the relapsing stage, and that bone destruction may result from the tumor process or from the initial surgery (or both).

[Response] Thank you for your suggestion. We have deleted the original sentence and added your suggestion into the paper.

I have revised the manuscript accordingly and the revised portion is marked in red bold. I hope this will make it more acceptable for publication.

Yours sincerely,

Wei Su