Author's response to reviews

Title: Laparoscopic transperitoneal lateral adrenalectomy for malignant and potentially malignant adrenal tumors

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Author's response to reviews: see over
Editorial Board,
BMC Surgery

Dear Editors,

We are sending the corrected version of the paper "Laparoscopic transperitoneal lateral adrenalectomy for malignant and potentially malignant adrenal tumors".

Thank you very much for reviews. We have made all necessary corrections according to reviewers’ suggestions. The British native speaker corrected the manuscript. Attached please find our comments to reviews.

Best regards,

Authors.

Reviewer 1:
Laparoscopic surgery is a target surgery for urologists in the recent years. There is a visible advancement in adrenal surgery and urologists perform this very well.
There are grammatical and spelling errors that should be corrected (+ comma errors)

A British native speaker corrected the manuscript. All corrections are indicated in the manuscript.

Questions:
1. For metastatic upper pole kidneys, did the surgeons do radical nephrectomy and adrenalectomy at the same session?

We did not have such cases in our study group. All our cases of renal cell cancer metastases were metachronous. They were previously radically treated in Department of Urology. Kidney cancers with synchronous adrenal metastases are routinely treated by urologists in our hospital.
In general, in all cases of adrenal metastases in our group, adrenalectomy was performed only after the primary tumour was radically removed.
2. Did the authors believe radiologic accuracy of adrenal malignancy preoperatively? Which method did they prefer at most?

We prefer CT (mandatory in all cases). MRI is performed in non-adenoma lesions. Although the sensitivity and specificity of CT and MRI is relatively high in distinguishing benign from malignant lesions, preoperative imaging cannot be entirely trusted as it emerges from our study.

3. Was there any trocar seeding in their series? Or peritoneal spread after surgery?

There was no trocar seeding. Peritoneal seeding after surgery was confirmed in 3 cases (1 patient with ACC, 1 patient with PNET and 1 patient with lung cancer metastasis).

Reviewer 2:

The article describes the safety of laparoscopic surgery for the malignant or potentially malignant adrenal tumors.

I agree with your conclusion that the laparoscopic surgery for malignant adrenal tumor is feasible if the surgeon is expert.

In line 91, ‘performed all’ was described twice.

Removed.

In lines 108-113, these sentences were the same as those in lines 90-95.

Removed.

In Table 4, no need for the patients’ initials.

Removed.