Author’s response to reviews

Title: Single center experience with laparoscopic adrenalectomy on a large clinical series.

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Author’s response to reviews:

Dear Reviewers,

Thank you for revising our manuscript and considering it acceptable for publication after minor revisions. We appreciated the suggestions you gave and improved the manuscript in order to fulfill your requests.
Here below a point-by-point response to your requests:

To Benedetto Ielpo (reviewer 1):

1) P value: We gave the real p value in the tables, as you suggested
2) Unfortunately we did not take pictures
3) We described what changed after the first 30 procedures (Discussion section, line 25-27, page 8)
4) We discussed about the device’s preference (Discussion section, line 19-21, page 8)
5) We specified that the laparoscopic approach is not suitable for PRIMARY malignant lesions (study design, line 7, page 4; results, line 27, page 7), as it is described in literature. No contraindications instead are described for metastasis. The three patients’ follow up was the same of the other patients, and we also wrote a little comment about their follow up (result section, line 38-39, page 7)

To Carmela De Crea (reviewer 2):

1) We unfortunately did not use any preoperative investigation in order to confirm the lateralization of aldosterone secretion.
2) We did not insert Criteria for Cushing diagnosis as we did not insert specifically how we diagnosed every functioning neoplasm (Pheocromocitoma and Conn as well) “Diagnosis was obtained on the basis of clinical examination, laboratory values and imaging techniques (ultrasonography, computed tomography and Magnetic Resonance Imaging)” (study design section, line 2-3, page 4)
3) We did not use medullary scintiscan to confirm the diagnosis of Pheochromocytoma
4) We did not administered any particular postoperative medical treatment in patients who underwent adrenalectomy for Cushing disease, neither administration of cortisone supplementation was needed
5) We did not state any significant difference between cortical adenoma and pheocromocitoma, regarding surgical outcomes (apart from the intraoperative hypertensive crises, that we described Result section, line 23, page 7). This is why we did not refer them separately in the result section.

We hope to have satisfied your requests, and we look forward to your approval for publication.

Kind Regards

Giovanni Conzo