Author’s response to reviews

Title: Recurrence in Unicentric castleman's disease postoperatively: a case report and literature review

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Author’s response to reviews:

We deeply appreciate professors Umberto Bracale and Hasan Yasan, thanks for your comments, questions, revision suggestions.

Response professors Umberto Bracale (reviewer 1):

1. The term "recrudescent" probably is better to modify with "relapse" or "recurrence" (line 58-59…): we have modified the error in the manuscript according to your suggestion

2. The sentence on page 4 of Discussion (Line 48) is not clear…."Clinical Symptoms of UCD are closely….". We don't understand the term "sita": We are sorry to say, this word is spelling mistake, and we have revised this mistake in the manuscript.

3. Also the sentence at Line 8-9 on Page 6 is not Clear: "While UCD with hyaline vascular type….": So far, a number of studies have reported that the surgical resection of UCD can achieve a cure rate of approximately 100%, and there is no relapse postoperatively during the reported followup. However, in our case report, the patient with chest distress and chest pain comes to our hospital and is diagnosed again as UCD 14 years after thoracotomy . It indicates that the relapse of UCD after surgery is possible. We have explained this question in the manuscript.

4, You should better explain the surgical technique and the postoperative course: The patient underwent thoracotomy and mass resection from the right anterolateral incision. The patient recovered well postoperatively and discharged 10 days after the operation. His chest distress and chest pain had completely alleviated. During the following 2 years the patient had no progression or recurrence of the disease. We have descripted the surgical technique and the postoperative corse in the manuscript.
5 and 6, you should explain why you have not used a thoracoscopic approach and it would be interesting to take hint from a recent case report about the advantage of a minimally invasive approach (Laparoscopic treatment of abdominal unicentric castleman's disease: a case report and literature review): our patient had a history of thoracotomy 14 years ago because of a mediastinal mass. Considering a great possibility of the pleural adhesion after surgery and the tumor nearest to vascular, the thoracoscopic approach represented challenge and maybe failed to completely resect the tumor. So the thoracoscopic approach was not suitable for our patient, and we finally chose thoracotomy.

Response professors Hasan Yasan (reviewer 2):

1. Discussion section; Page4 Line:15-24: The incidence knowledge taken from references numbered 9 and 10. These references should be read more carefully. Reference numbered 10, written by Mohanna S et al states that previous studies indicate 46-70% involvement of mediastinum. Whereas it is stated "The most common site of involvement of UCD is the mediastinum (70%)." These two statements are not the same. This part of discussion should be corrected according to the references numbered 9 and 10: we have unclear description and miss the reference 5. This section has revised in the manuscript.

2. Legends: CD3, CD5, CD20 positivity related figures are not present, and should be deleted from legends: we apologize for my carelessness to upload a wrong figure 4. And we have uploaded the right figure 4.