Author’s response to reviews

Title: Percutaneous therapy of a mediastinal lymphangioma with fibrin glue: case report with clinical success after 4 years

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Dear editor and reviewers: Thank you for your letter and for the editors’ and reviewer’s comments concerning our manuscript entitled “Percutaneous therapy of a mediastinal lymphangioma with fibrin glue: case report with clinical success after 4 years” (ID: BSUR-D-17-00329R1). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our research. We have studied comments carefully and have made correction which we hope meet with approval. The main corrections in the paper and the responds to the editors’ and reviewer’s comments are as flowing.

Francesco Pia (Reviewer 1): We would like to know something about:- are the multiple small cysts communicating with the biggest one? If yes, probably the sclerotherapy is not sufficient. Thanks for your valuable question. We infer that the multiple small cysts might communicate with the biggest one, because after drainage, nearly all the small cysts were disappeared. At present, surgical excision remains the first-choice treatment. The prognosis is affirmative if the tumor is resected completely. However, in this case, a 62-year-old patient in poor physical condition was deemed unsuitable for this surgery. The drainage tube was placed for 20 days as a foreign body to fully drain the lesion to eliminate symptoms first and then cause an inflammatory reaction to impel the lymphatic wall to adhere. And we further injected fibrin glue to impel the lymphatic wall to adhere. We admit that we got an unexpected ideal results by accident. This method might not be suitable for all the patients. But we can use the method to relief the symptom firstly and wait the opportunities to receive radical surgical treatment.- does the drainage tube drained for 20 days continuously or not? does the drainage tube drained for 20 days continuously with not positive suction? The drainage tube drained for 20 days continuously with not positive suction. We add this information in the manuscript.- Cystic hygromas are benign lesions and can remain asymptomatic in a patient for a long period. You mention 4 years follow-up (also in the title) but there is no radiological imaging after this period (we have only CT images after 1.5 year). This patient came to our hospital to review this year. At present the patient is remain asymptomatic. And she taken a CT at other hospital this year which manifested no recurrence (the same with the CT in this article). Regrettably, because the CT was not taken in our hospital, we can not got a clear image which can be published in the article so we use the CT images she taken 1.5 year after treatment. When she come to our hospital next time I will try to get a clear CT in our hospital. Thanks again for your valuable comments on my
article.Murat Oncel (Reviewer 2): Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format. Please overwrite this text when adding your comments to the authors. Excellent a nice presentation it is possible to make an operative tecni, chs if the patients does not suit for operations best regards   Thank you to review my article.