Author’s response to reviews

Title: A case of eccrine porocarcinoma characterized by a progressive increase in the level of Ki-67 index: case report and review of literature

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Author’s response to reviews:

Dear reviewers,

On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript. We appreciate you very much for their positive and constructive comments and suggestions on our manuscript entitled "Recurrence and intracranial metastases of sweat gland carcinoma: case report and review of literature". We would like to express our great appreciation to you for comments on our paper. Thank you and best regards.

Yours sincerely,

Renya Zhan.

Reviewer #1:

Comment:
Abstract:

1. Comment: The abstract is the face of any article and has to be properly written.
Answer: Thank you for your suggestion. We have re-structured the abstract section.
Corresponding modifications can be found in abstract section.

2. Comment: The abstract for a case report has to be just in the form of a paragraph and must not be structured.
Answer: Thank you for your suggestion. Your suggestion is important. Once again, we carefully read the submission guidelines of “BMC Surgery” and write the abstract according to the requirements of guidelines for submitting case reports in BMC Surgery.
The submission requirements of case report in this journal are as follows:

Abstract

The Abstract should not exceed 350 words. Please minimize the use of abbreviations and do not cite references in the abstract. The abstract must include the following separate sections:

• Background: why the case should be reported and its novelty
• Case presentation: a brief description of the patient’s clinical and demographic details, the diagnosis, any interventions and the outcomes
• Conclusions: a brief summary of the clinical impact or potential implications of the case report

Keywords

Three to ten keywords representing the main content of the article.

3. Comment: Conclusions are written in case series and must not be written in case reports.
Answer: Thank you for your suggestion. We write the abstract according to the requirements of guidelines for submitting case reports in BMC Surgery. The format of a published case report in journal is shown below:


Arteriovenous malformations within jejunal diverticulosis: case report and literature review.
Abstract

BACKGROUND:

Jejunal diverticula are the rarest of all small bowel diverticula. Most patients with jejunal diverticula are asymptomatic. Major complications include diverticulitis, gastrointestinal hemorrhage, intestinal obstruction and perforation. The hemorrhage has been attributed to diverticulitis with ulceration, diverticulosis associated with trauma and irritation disorder. However, only six cases reported the arteriovenous malformations within jejunal diverticulosis to be the cause of hemorrhage.

CASE PRESENTATION:

We present a case of arteriovenous malformations within jejunal diverticulosis in a 68-year-old male presented with lower gastrointestinal bleeding. After admission and stabilization, upper and lower endoscopies were performed without demonstrating the bleeding site. They only revealed clotted and red blood throughout the colon. Technetium-labeled red blood cell bleeding scan, endoscopic capsule, and selective angiography were performed to localize the site of bleeding without significant findings. As the clinical status of the patient deteriorated, exploratory laparotomy was performed urgently. Extensive jejunal saccular pouches were found 10 cm distal to duodenojejunal junction extending 1.6 m distally. Segmental resection was performed with side to side primary anastomosis. Microscopic examination of the specimen revealed many diverticula. He was followed up 2 years after that without complications.

CONCLUSION:

We report yet the seventh case jejunal diverticulosis with the presence of angiodysplasia, in hope of expanding the knowledge of a rare occurrence and increasing the demand for further research about the etiology, clinical impact and treatment of such anomalies coexistence. This case also highlights the importance of considering the diagnosis of AVMs within jejunal diverticulosis in the presence of uncontrollable blood loss in the pre- or intra- operatively diagnosed jejunal diverticulosis and the urgent need for surgical intervention. In addition, the diagnostic tests should be performed close to the bleeding episode.

KEYWORDS:

Angiodysplasia; Angiography; Diverticulosis; Jejunum
Answer: Thank you for your suggestion. It has important guiding significance for my thesis writing and scientific research work. We rewrite the title of article. During the revision of the article, we conducted a more detailed pathological classification of sweat gland cancer. Revised article uses “Eccrine porocarcinoma” instead of “Sweat gland carcinoma”.

New title: A case of eccrine porocarcinoma characterized by a progressive increase in the level of Ki-67 index: case report and review of literature

Background:

1. Comment: Well written background, but can be elaborated.

Answer: Thank you for your careful review and comments. We have revised the background section after using “Eccrine porocarcinoma” instead of “Sweat gland carcinoma” and elaborated epidemiological characteristics and metastasis potential of tumors. Corresponding modifications can be found in Background section on page 4.

Methods:

1. Comment: More intra-operative images can be added to help the first time reader.

Answer: Thank you for your suggestion. It has important guiding significance for my thesis writing and scientific research work. We regret that we did not use images to record surgical procedures in time, which resulted in the absence of these important intra-operative pictures. This may lead to some defect of this article. But we have increased the photos of patients before and after surgery. Corresponding modifications can be found in Figure 3.

Discussion:

1. Comment: The discussion is unnecessarily long and can be made more concise and precise, the discussion is too long for a case series.

2. Comment: Kindly, rewrite the discussion with only what is relevant.

Answer: Thank you for your suggestion. We are sorry for the cumbersome discussion. Discussion has been rewritten, and some irrelevant and unnecessary content has been deleted. Corresponding modifications can be found in Discussion and conclusions section on page 5.

Images and legends:
1. Comment: The images presented must have appropriate legends written.

2. Comment: More clinical, pre-operative, histopathological (microscopic), post-operative and intra-operative images have to be presented and written.

Answer: Thank you for your suggestion. We reproduced the picture added appropriate legends written. Corresponding modifications can be found in reuploaded pictures.

References:

1. Comment: All references have to be written in Vancuver format.

2. Comment: All references older than the year '2000' have to be updated as they are over 19 years old.

3. Comment: In all references the term 'et al' must be avoided and names of all the authors must be mentioned.

Answer: Thank you for your suggestion. It has important guiding significance for my thesis writing work. All references have been written in Vancuver format and those references older than the year '2000' have been updated. All the authors’ names have been mentioned references.