Author’s response to reviews

Title: Clinical analysis of Kimura’s disease in 24 cases from China

Authors:
Guoliang Zhang (zhgl101588@sina.com)
Xumao Li (lixumao1994@163.com)
Guangbin Sun (sgb223@hotmail.com)
Yitan Cao (caoyitan@163.com)
Nan Gao (gaonan26@sina.com)
Weidong Qi (drqiweidong@126.com)

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Author’s response to reviews:

Date 11/14/2019
Dr. Dirk Bausch.
Editor-in-Chief,
(BMC surgery)
Manuscript ID: BSUR-D-19-00556
Title: Clinical analysis of Kimura’s disease in 24 cases from China

Dear Professor Dirk Bausch,

Thank you so much for your help with our manuscript, entitled “Clinical analysis of Kimura’s disease in 24 cases from China” by Weidong Qi, Guoliang Zhang, Xumao Li, Guangbin Sun, Yitan Cao, Nan Gao. We greatly appreciate the reviewers’ comments and suggestions. We have revised the manuscript according to the comments of the reviewers. The comments are valuable and very helpful for revising and improving our manuscript.

Our point-by-point response to the reviewers’ comments is appended below. Revised portion are marked in red in the manuscript.

We are hopeful that our manuscript is suitable for publication in BMC surgery
Thank you so much for your consideration.

Sincerely yours,

Guoliang Zhang , Xumao Li
Corresponding author: Weidong Qi
E-mail:drqiweidong@126.com
Replies to reviewer 1

Dear Giulio ILLUMINATI, MD,

We greatly appreciate your comments and suggestions. We have revised the manuscript according to the comments. Our point-by-point response is appended below. Revised portion are marked in red in the manuscript.

Here are the responses for the comments:
# 1. Methods section, page 4, lines 76 - 7: The name of the corticosteroid administered should be provided.
   Thank you for your suggestion, we have provided the name of corticosteroid (prednisolone) administered and marked them in red font in the manuscript.

# 2. Methods section, page 4, line 81: "…period…" would better read "…length…"
The word has been corrected accordingly and marked in red.

# 3. Results section, page 4, line 88: "….Clinical manifestation…." would better read "…Clinical presentation…"
The word has been corrected accordingly and marked in red.

# 4. Results section, page 4, line 95: "… developed…" would better read "…presented…"
The word has been corrected accordingly and marked in red.

# 5. Results section, page 4, line 96: "…demonstrated…” would better read "…presented…"
The word has been corrected accordingly and marked in red.

# 6. Results section page 5, lines 98-9: "Elevated peripheral blood eosinophil percentages…” would better read "Increase in blood eosinophils….”
The word has been corrected accordingly and marked in red.

# 7. Results section page 6, line 106: "On ultrasoound…” would better read "At ultrasound…”
The word has been corrected accordingly and marked in red.

# 8. Results section page 6, line 109: "like-round…” would better read "round-like…”
The word has been corrected accordingly and marked in red.

# 9. Discussion section, page 10, line 182: "…presented…” would better read "…presenting…”
The word has been corrected accordingly and marked in red.

# 10. Overall, a professional English language review is desirable.
   We also sent our manuscript out and reviewed by Elsevier Editing, a professional English writing organization for English language check.

Sincerely yours,

Corresponding author: Weidong Qi
E-mail:drqiweidong@126.com
Replies to reviewer 2

Dear Petre Vlah-Horea Botianu,

Thank you very much for your comments and serious attitude to our work. Our point-by-point response is appended below.

1. Please give us some details to appreciate the incidence of this disease? (i.e. how many overall patients did you have in your unit during this period)
   Thank you for your suggestion. A total of 676,656 patients were admitted in our unit between March 2008 and March 2018. 75 KD patients (0.01%, 75/676,565) were confirmed by histopathology examination. Only were 24 KD patients’ complete follow-up data, who were included in this retrospective analysis, obtained. However, the incidence of KD we provided not be accurate in view of high rate of misdiagnosis. Also we have searched the literature, and no description of the incidence was found.

2. What are the exact criteria for diagnosing KD?
   Thank you for your question. KD is a rare disease with a high rate of misdiagnosis. Of these 24 patients, 22 were misdiagnosed at their first clinical visit (Methods section, page4, line70). Pathological examination is the golden standard for the diagnosis of KD (Discussion section, page11, line215). A total of 24 KD patients of our study were confirmed by histopathology examination.

3. What were the reasons to perform radio- versus chemo in the group with well defined and/or incomplete excision?
   This is a nice question. The optimal treatment of KD is controversial due to lack of large-scale systemic clinical studies on different treatments for KD. In our unit, all KD patients underwent surgery. The patients who had well-defined lesions or definite tumor boundaries and surgical margins were negative hadn’t further intervention. The other patients who had an ill-defined lesion border, multiple lesions, or positive surgical margins underwent SE+OC or SE+R. We fully explained the pros and cons of the treatment plan to the patient. Each treatment decisions were made by a specific doctor based on their own experience and patient's wishes.

4. Please mention that the value of the statistical tests is limited due to the small number of patients involved.
   Thank you for pointing this out. In our study, there were not statistically significant differences between three treatments, may be due to the small sample. Our further research will turn to focus on KD’s therapy.

Sincerely yours,

Corresponding author: Weidong Qi
E-mail:drqiweidong@126.com