Author’s response to reviews

Title: Ectopic para-cardia bronchogenic cyst diagnosed as GIST before surgery—a case report

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Version: 2 Date: 27 Dec 2019

Author’s response to reviews:

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers’ comments concerning our manuscript entitled "Ectopic para-cardia bronchogenic cyst diagnosed as GIST before surgery—a case report" (Manuscript Number: BSUR-D-19-00727R1). All of the comments and suggestions were valuable and very helpful for revising and improving our report. We have studied every comment carefully to respond to the reviewers. We hope that this revised version meets the publication standards of your journal. The main corrections to the paper and the point-to-point responses to the reviewers’ comments are presented below.

Best wishes,

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Responses to reviewers’ comments

Reviewer #1: This is a case report about a bronchogenic cyst arising in the lesser curvature near the cardia of the stomach. Although rare, most abdominal bronchogenic cysts are located in a triangle behind the stomach, the splenic vein inferiorly and the spleen/diaphragm superior/posteriorly. Thus they should be considered in the differential diagnosis of abdominal masses in this area. A comprehensive review of the literature about gastric bronchogenic cysts has been published in 2016 which includes 34 cases (doi: 10.3892/etm.2016.3067). I appreciate the Authors' effort in putting together this manuscript, but I see several shortcomings that need to be addressed before it can be considered for publication.

Comment 1: The case should provide an advance in current knowledge.
Response: Thank you for your comments. Although as you mentioned, there have been studies that have analyzed bronchial cysts. However, there is no mention of such cases of ectopic bronchial cysts
near the cardia, so we consider this case provide an advance in current knowledge.

Comment 2: Details about the surgical procedure are not reported.
Response:
Thank you for these important comments. We rewrite the part of surgical procedure and add some details.
“Therefore, we exposed the visual field of the cardia and performed endoscopic muscular layer and mass resection. The mass did not significantly adhere to the surrounding tissues, and the separation was smooth, without the removal of the surrounding tissues and lymph node dissection”

Comment 3: With regard to diagnosis, would the Authors be able to perform MRI or endoscopic ultrasound-fine needle aspiration biopsy? The former may suggest the proteinaceous/mucinous fluid content of the cyst, while the latter has been reported to be used in the definitive diagnosis of gastric bronchogenic cysts.
Response:
Thank you for these insightful comments. We acknowledge that this is indeed an area where we can be more thoughtful. However, before surgery, combined with the CT findings of the patient's abdominal pain symptoms, we considered this to be a normal GIST, without considering the possibility of ectopic bronchial cyst. This case also suggests that we need to consider ectopic bronchial cysts for the masses of the cardia. In the future, more preoperative examinations (including nuclear magnetic puncture, etc.) can be considered to be more specific to avoid misdiagnosis

Comment 4: In the discussion section, the diagnostic and therapeutic issues of bronchigenic cysts should be addressed comprehensively.
Response:
Thanks for your comment. We have revised the discussion to describe the diagnosis and treatment characteristics of bronchial cysts with more detail:
“In terms of diagnosis, CT and MRI can clearly show the cyst, which is helpful to locate the lesion and clarify the nature of the lesion. For suspected GIST, MRI or endoscopic ultrasound-fine needle aspiration biopsy is a good way to further identify the origin of the tumor. The final diagnosis depends on pathology.
For bronchial cyst, the effective treatment is surgical resection, especially for the patients with symptoms caused by tumor compression, should be early surgical treatment, surgical resection should try to avoid damage to the capsule wall, complete resection, in order to reduce the recurrence rate.”

Comment 5 References should be appropriate.
Response:
Thank you for your insightful comment. We have rewrite the reference part to ensure the standardization of references and formats.


Special thanks to you for your helpful comments.

Reviewer #2: The case report is quite interesting and well described and documented. It needs some language corrections.
Response: I really appreciate your approval of my work. The article has been polished by native English speakers. Special thanks to you for your good comments.

Reviewer #3 (Editor): Moreover, it should be expanded the discussion and the references section. For example

Comment 1: It should be improved the discussion about the choice of a laparoscopic treatment for a suspected Large gastric GIST even if it resulted as a bronchogenic cyst.
This paper mainly compared the treatment effect of wedge resection in large GIST and small GIST groups, but did not compare the advantages and disadvantages of wedge resection and local resection. According to the previous literature, local resection had less damage and less postoperative complications under unnecessary conditions. We've also added some references about this part.

“Wedge resection of the stomach wall is the most commonly used procedure for the treatment of gastric GISTs, but there is a risk of cardiac dysfunction when wedge resection is performed near the cardia. For benign masses, local excision should be considered rather than wedge resection.”


Comment 2: Moreover, it should be improved the discussion about the way to achieve a differential diagnosis in case of a suspected Gist (ESMO/European Sarcoma Network Working Group. Gastrointestinal stromal tumors: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol 2012;23(Suppl. 7):vii49–55.)
Response: Thank you for your helpful comment, we have rewrite this discussion. “In terms of diagnosis, CT and MRI can clearly show the cyst, which is helpful to locate the lesion and clarify the nature of the lesion. For suspected GIST, MRI or endoscopic ultrasound-fine needle aspiration biopsy is a good way to further identify the origin of the tumor. The final diagnosis depends on pathology.”

Comment 3: Finally you should mention some about the follow-up course of patients affected by a bronchogenic cyst.
Response: Thank you for your advice. We have add the follow-up of our patient in the case report.
part “The patient have regular follow-up after surgery in our hospital for 1 year, no symptoms of discomfort, and no recurrence of tumor on CT”
And “If tracheal cysts are not completely excised, they may recur. Therefore, postoperative follow-up is generally required to understand whether the symptoms and imaging findings of the patients can detect tumor recurrence.” in discussion part.

Finally, we want to express our special thanks to you for your valuable and insightful comments. We earnestly appreciate for editors and reviewers' warm work, and hope that the correction will meet with approval.
Once again, thank you very much for your comments and suggestions.