Author’s response to reviews

Title: Nasolabial Cyst: Case Report and Review of Management Options

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Author’s response to reviews:

We would like to thank the editor and reviewers for their valuable comments on this manuscript. We greatly appreciate your time dealing with the manuscript and assessing the review comments, which enabled us to greatly improve the quality of our manuscript. Here is a point-by-point response to the reviewers’ comments and concerns.

Note; This article presented orally at RhinoWorld Chicago 2019.

Comment:

The title of the case report must be rephrased. The authors have not only reviewed the surgical options, while they have reviewed the nasolabial cysts per se.

Response:

Thank you,

Nasolabial Cyst: Case Report and Review of Management Options, the updated title has been added, please see line 1, page 1.

Comment:

In the abstract section, the conclusion seems to be inappropriate as far as the manuscript is concerned. The authors have written that "Surgical enucleation is generally described as the treatment of choice for nasolabial cysts, since it allows histological examination, proving both
diagnostic and curative. Furthermore, excluding complete surgical excision and endoscopic marsupialization, all other modalities are associated with a high recurrence rate. This conclusion seems to be as if a meta analysis on treatment plans of nasolabial cysts was done. However, the methodology of the paper highlights it to be purely a case report with the discussion of the findings with the literature. So, please write the conclusion in resonance to the methodology and title.

Response:

Thank you,

Nasolabial cysts are rare soft-tissue cysts. Complete surgical excision either open or endoscopic approach is generally described as the best treatment for nasolabial cysts, since it allows histological examination, proving both diagnostic and curative. This information has been added, please see line 15, page 2.

Comment:
Key words are missing after the abstract.

Response:

Thank you,

Keywords have been added after abstract, please see line 20, page 2.

Comment:
In the case presentation section of the report, the authors have not elaborated upon the intraoral findings. Was there obliteration of vestibule? Status of dentition and teeth in the concerned region is not mentioned. History of trauma or any other history is not mentioned. All these facts are important while making a clinical diagnosis of such lesions.

Response:

Thank you,

A 44 years old medically free male began to complain of a right nasal swelling three years ago. It has fluctuated in size in the previous three years. Recently, it started to slowly in-crease in size with associated mild pain and nasal obstruction. The patient denied any history of medical disease, history of trauma or surgery. On examination: There was a right nasolabial mass, 3*4 cm, round fluctuating, no discharge, or overlying skin change (Figure 1). There was mild tenderness on palpation. The endoscopic exam showed a mass obstructing most of the right nasal aperture (Figure 2). Please see line 17-24, page 3.
Comment:

The authors have even not described the palpatory findings of the swelling in detail. Only mild tenderness on palpation is mentioned, which is insufficient. Even inspectory findings like colour of swelling, anatomical extent, shape, etc. are not described.

Response:

Thank you

On examination: There was a right nasolabial mass, 3*4 cm, round fluctuating, no discharge, or overlying skin change (Figure 1). There was mild tenderness on palpation. The endoscopic exam showed a mass obstructing most of the right nasal aperture (Figure 2). Please see line 22-24, page 3.

Comment:

What was the authors' impression about the diagnosis before prescribing CT scan? Please mention this in clinical diagnosis or differential diagnosis.

Response:

Thank you,

A final diagnosis of unilateral nasolabial cysts was given based on the clinical and CT scan finding. So, no further workup is done, please see line 3, page 4.

Comment:

Even surgical treatment is mentioned very casually. Further, there is no mention about the histopathology report in the case presentation.

Response:

Thank you,

The histopathological examination showed respiratory epithelium (ciliated pseudostratified columnar) with goblet cells compatible with nasolabial cysts, please see line 11, page 4.

Comment:

Further, was any radiological examination done postoperatively? Why was MRI not considered?
Response:

Thank you,

There was no indication for radiological examination postoperatively as there were no complications or recurrence of the lesion. Please see line 17, page 4.

No further work up order including MRI as diagnosis is done. Please see line 4, page 4.

Comment:

Please add more recent references.

Response:

Thank you.

The updated references have been added in reference section, please see page 17.


Comment:

In the figures, please provide histological slide pictures.

Response:

Thank you,

Slide pictures were difficult to obtain,

Comment:

The introduction section is written in brief. It should me more detailed.

Response:
Thank you,

Nasolabial cysts are rare soft tissue nonodontogenic cysts that develop between the nasal vestibule and upper lip. The incidence of nasolabial cysts is 0.7% of all maxillofacial cysts. The size measures 1 to 5 cm in diameter. These cysts in 90% of cases are unilateral, and 10% bilateral, they are commonly seen in the black women in the fourth to fifth decades of life. Zuckerkandl was the first to describe the cyst in 1882. It is not uncommon to misdiagnose nasolabial cysts and not treat them appropriately because of their rarity. The pathogenesis is uncertain with multiple theories. In 1920 Bruggemann proposed the most acceptable theory, which suggests that the nasolabial cyst arises from the remnants of the epithelium in the anterior lower part of the nasolacrimal duct. The typical presentation of a nasolabial cyst is a painless localized swelling with varying degrees of nasal obstruction. The location and presentation of these cysts make them diagnosis nearly clinical exclusively. The diagnosis tests include nasal scope, CT and MRI. Both CT and MRI are valuable in revealing the origin of the cysts. Surgery is equally diagnostic and curative by allowing histological examination. In this paper, we present a case of nasolabial cyst in a 44 years older man with discussions of the treatment modalities in the lights of the literature. Please see line 2, page 3.