Author’s response to reviews

Title: Urethral cavernous hemangioma: a highly misdiagnosed disease (a case report of two patients and literature review)

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Author’s response to reviews:

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Dafne Solera
Commissioning Editor
BMC Urology

Dear Dafne Solera,

Thank you very much for your consideration of our manuscript, "Cavernous hemangioma of the urethra: a highly misdiagnosed disease (1 case of two patients and literature review)". (Manuscript ID: BURO-D-18-00252). We appreciate the editor's and the reviewers' helpful comments and suggestions. Based on the editor's feedback, we have revised the manuscript and feel it has been substantially strengthened.
Please find our detailed responses to the reviewers’ and editorial requests below. We hope that the revised manuscript successfully comply with the policies and format requirements and is acceptable for publication in BMC Urology. If there are any questions or problems with our submission, please feel free to contact me. Thank you again for considering this manuscript.

Sincerely,

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Reviewer Comments to Author:

Reviewer: 1

Comments to the Author

1. The authors have reported on two urethral angiomas adding to the short list of so far published reports. The text can be significantly summarized and shortened without loosing any critical content by crossing out both the redundant details in case descriptions, and basic anatomy in the discussion passage.

Author response: We highly appreciate the valuable comments and suggestions. The text part is reduced from 1720 words to 1387, and abstract reduced from 283 words to 206. We have deleted the redundant parts of case description and basic anatomy in the discussion of the revised manuscript.

2. Transurethral Holmium laser therapy has been successfully applied to urethral hemangiomas and the authors are encouraged to clearly mention endoscopic laser treatment in addition to intralesional injection, surgery and resection; in their review of the literature (as already cited in ref 13 and 16).
Author response: Thanks for the comments. Minimally invasive surgery is the trend of Urology. Therefore, we highlight the literature about the treatment of urethral hemangioma with holmium laser under endoscope (in ref #15). (Discussion section, pages 7).

3. The manuscript needs minor linguistic revision to replace uncommon terms and Latin words such as: Cystourethrocystoscopy - staxis - meatus urinarius - hemspermatozoa and so on.

Author response: Thanks for the comments. We have replaced uncommon terms and Latin words. Such as Cystureprosroscope-- cysotourethroscopy, staxis-- blood dripping, meatus urinarius-- urethral meatus, hemspermatozoa—hemospermia.

Reviewer: 2

Comments to the Author

The topic is adequately introduced.

1. The writing is not clear and concise in the abstract part. The author should distinguish the purpose, method, results and conclusion.

Author response: We highly appreciate the valuable comments and suggestions. We have simplified and reorganized the abstract, following the format of BMC urology (namely background, case presentation and conclusion).

2. Two cases of patients with no hemospermia in your paper, why you conclude that the patient with unhealed hemospermia should consider the urethral cavernous hemangioma?

Author response: Thanks for the comments. The second case was treated repeatedly in many hospitals for nearly 20 years. We only emphasize that in outpatient visits, we can not ignore the disease of urethral cavernous hemangioma for patients who complain of repeated hemospermia. To avoid misunderstanding, we revised the conclusion to “For patients complaining with long lasting hematuria or bloody sperm” in the revised manuscript. (Discussions section, line 3, paragraph 2, page 8)

3. So far, urethral hemangioma should be more than nine reports.
Author response: Thanks for the comments. To our best knowledge, urethral cavernous hemangiom(a (UCH) is an unusual disease and a few cases have been reported. To be more rigorous, we have revised the description in the background of the manuscript. (Background section, paragraph 1, page 3)

4. What's the meaning of "cysturethra"?

Author response: Thanks for the comments. We have revised “cysturethra” to “cystourethroscopy” in the text.

5. Do patient complain dysuria and urethral stricture at your follow-up after injection of Pingyang mycin.

Author response: Thanks for the comments. During our follow-up, no dysuria or urethral stricture occurred in the two patients.

6. According to its anatomy, penile hemangioma can be divided into hemangioma of the glans, cavernous hemangioma of the corpus cavernosum, urethral hemangioma, and UCH. I don't follow the meaning. Urethral hemangioma should conclude the UCH.

Author response: Thanks for the comments. According to the anatomical understanding, the hemangioma originating from the urethral wall (mucosa, submucosa and muscular layer) is a urethral hemangioma, while the hemangioma originating from the urethral cavernous body (enclosing the urethra in the spongy urethra) is a urethral cavernous hemangioma. There are anatomical differences between the urethra and the urethral cavernous body. It may be more reasonable to distinguish the two. As another reviewer specially suggested us delete the description of basic anatomy in the discussion section (reviewer #1: comment #1), we deleted the related description in the revised manuscript.

7. What method is used for artificial erection?

Author response: Thanks for the comments. The method is to tighten the root of the penis and inject saline into the corpus cavernosum. We added relevant descriptions in the revised manuscript. (Case presentation section, paragraph 2, page 4)
8. Two cases of patients with no dysuria after erection in your case presention, why you conclude that the patient with dysuria after erection is characterized the urethral cavernous hemangioma?

Author response: Thanks for the comments. The most common presentation of UCH is intermittent hematuria which is typically painless. We have revised the conclusion for the characteristics of UCH to be more accurate in the revised manuscript. (Discussions section, paragraph 2, page 8)

9. What's the relationship between the hematuria and bloody sperm? How to distinguish the relationship? The reader after reading your paper will confuse the relationship hematuria and bloody sperm.

Author response: We highly appreciate the valuable comments and suggestions. The hemospermia discussed in this article is a subjective statement of patients. In the second patient, after the ejaculation of each sexual life the patient can see blood draining from urethral meatus, so he thought he had got hemospermia. In fact, after erectile penis, the cavernous body congests and the urethral cavernous hemangioma is squeezed and then drains blood to the urethra, which differing from the hemospermia caused by seminal vesiculitis. Strictly speaking, this “hemospermia” should belong to urinary blood. Therefore, for patients complaining with long lasting hematuria or bloody sperm, we should inquire about the characteristics of urinating blood and its relationship with the discharge of sperm. For suspected patients, we should take a cystourethroscopy and MR of the penis as we have discussed in the article.

10. Do MRI have specificity of hemangioma? What is the advantage of the MRI in order to diagnose UCM?

Author response: Thanks for the comments. MR has specificity, which can determine the location and size of the lesion. The classical diagnostic method for urethral hemangioma is cystoscopy, however this modality may underestimate the presence or extent of disease and MRI has been suggested to better delineate the extent of disease [1-3].


11. Why don't specimens for immunohistochemical staining CD31 and CD34?

Author response: Thanks for the comments. If the department of pathology can make a clear diagnosis, it generally does not propose further immunohistochemistry. If endothelioma or malignant tendency is considered, the department of pathology will propose immunohistochemistry.

12. The reference format is not consistent, serious inconsistencies, writing is not serious.

Author response: Thanks for the comments. We have adjusted the format of the quotation and polished the text again. The proof for English polishing is in the attachment.

13. The shortage of the paper should be stated in your article.

Author response: We highly appreciate the valuable comments and suggestions. Our study is limited because it included only two patients from China. And no female patients included. Our application of pingyangmycin injection for treatment of UCH may be optimal only to patients with small tumor size. We have added a paragraph to the discussion section of the revised manuscript. (Discussions section, paragraph 1, page 8)