Author’s response to reviews

Title: Solitary Fibrous Tumor of the Scrotum: A Case Report and Review of the Literature

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Author’s response to reviews:

Abstract:
1- Include surgical approach (inguinal vs scrotal)
>>> Surgical excision of the tumor with scrotal approach was done and pathology reported a SFT.

Case presentation:
1- Include additional pathologic features: infiltrative pattern, mitotic rate, nuclear atypia?
>>> Microscopically, it was a hyper-cellular tumor with a vaguely fascicular growth pattern forming a patternless growth architecture with minimal nuclear atypia rate and a mitotic count <4 per 10 high power field.

2- Were there any specific radiologic features suggesting SFT in this case? Please elaborate
>>> Computed tomography (CT) showed a hypervascularized lobulated mass (4.7 x 8.5 cm) with contrast media enhancement in the midline of the scrotum.

3- What surgical approach? How was the surgical approach chosen?
>>> He then underwent tumor excision via scrotal approach since the tumor did not seem originated from testicular or spermatic cord and the location of the tumor was superficial.

4- How the follow up schedule planned?
>>> The patient was alive without tumor recurrence during ongoing follow-up every 6 months

5- Did you acquire ethic board approval? Patient approval?
>>> Informed consent was obtained in both written and verbal format from the patient to publish this case report and any accompanying images.

Discussion:
1- What surgical approach the literature supports?
>>> There were no current consensus on how the surgical approach should be done. Since SFTs usually presents as a low-malignant potential tumor, both inguinal and scrotal approach for tumor exploration and excisional had been reported.

2- What are differential diagnosis one should consider?
>>> Differential diagnosis of SFTs arising from para-testicles soft tissues can be challenging since it
can show great similarity to those spindle cell fibroblastic associated tumors, such as angiomyolipomas, leiomyoma, fibrosarcomas and gastrointestinal stromal tumors (GIST).

3- Are there any recommendations on how to follow up these tumors?

>>> In our experience, we performed surgical resection of the tumor via scrotal approach without additional interventions. 6-month follow-up with CT scan was conducted, we will continue the follow-up of this case to monitor long-term outcome of this rare disease.