Author’s response to reviews

Title: Hidden intra-mandibular carcinoma cuniculatum appearing in a patient with metastatic prostate cancer: A case Report

Authors:

Elyette Broly (elyette.broly@gmail.com)
Philippe Barthélémy (philippe.barthelemy@chru-strasbourg.fr)
Saït Ciftci (sciftci@strasbourg.unicancer.fr)
Christian Borel (cborel@strasbourg.unicancer.fr)
Martin Broly (martin.broly@gmail.com)
Catherine-Isabelle Gros (catherine-isabelle.gros@chru-strasbourg.fr)
Luc Marcellin (luc.marcellin@chru-strasbourg.fr)
Fabien Bornert (fabien.bornert@chru-strasbourg.fr)

Version: 1 Date: 15 Feb 2019

Author’s response to reviews:

Response letter

Esam Al-Moraissi (Reviewer 1):

Thank you for your interesting comments. All changes to the manuscript are indicated in the text by highlighting.

Abstract

1. Background and objective

- Authors should clearly state the aim of the study.

The aim of this case report is to remind that persistent pain requires medical evaluation to rule out any possibility of second primary cancer. The requested information has been added (Abstract section, background, page 5, line 24).
2. Case presentation

- Details such as site of tooth extraction, which tooth, quadrant, anterior or posterior, upper or lower?

We are talking about neuralgic dental pain in the lower posterior left quadrant for and healing delay of tooth #37 (second left mandibular molar). The requested information has been added (Abstract section, Case presentation, page 5, line 34-36).

- Authors should mention total duration of treatment and follow up.

Duration of our total treatment (oral biopsy to hemimandibulectomy) and follow up were about five months and one year respectively. Diagnostic of protaste cancer was in 2010, diagnostic of metastasis was in November 2014, the biopsy of the oral lesion was in November 2015, hemimandibulectomy was in January 2016 and patient died in December 2016, before reconstruction. The requested information has been added (Abstract section, Case presentation, page 5, line 34, 41-43).

- Authors should mention type of treatments they applied in this case.

Patient died before reconstruction, approximately one year after biopsy of the oral lesion. The requested information has been added (Abstract section, Case presentation, page 5, line 43).

3. Conclusion

Not supported by this case report.

Conclusion has been modified (Abstract section, Conclusion, Page 5, line 48-56).

Background

- Should define the term intraosseous carcinoma cuniculatum.

Carcinoma cuniculatum, a very well differentiated sub-type of epidermoid carcinoma, is a rare, polymorphous invasive tumor, with a low risk of metastasis (4). The requested information has been added (Background section, page 8, line 21).

- Authors should state about the incidence of metastatic tumor in the jaws.

Malignant tumors involving the jaw bones are most often due to direct extension of the disease either from the oral cavity or from the surrounding tissue. Metastatic tumors of jaw bones constitutes about 1% of all the malignancies occurring in jaw and mostly affect the mandibular region and can deposit from any primary tumors (5–7). The requested information has been added (Background section, page 8, line 21).
- Authors should mention the time between initial and treatment of prostate cancer and mandibular lesion.

For this patient, the mandibular lesion was diagnosed one year after treatment of metastatic prostate cancer. The requested information has been added (Background section, page 8, line 21).

- Authors have to clarify meaning of castration-resistant metastatic prostate carcinoma.

Castration-resistant metastatic prostate cancer is disease progression despite androgen depletion therapy (8), also called CRPC) The requested information has been added (Case presentation section, page 8, line 34).

- Authors should supply a good quality photo for intraoperative procedures. Photograph has been modified.

- After Hemi-mandibulectomy is done, have you performed reconstruction for that defect?

Patient died before reconstruction, about one year after oral biopsy. The requested information has been added (Case presentation section, page 8, line 34).

Discussion

- Should support this case report with literature review including all cases that have been reported in the literature.


Amol Gadbail (Reviewer 2) :

Thank you for your comments. All requested changes have been done.
1) Abstract needs to be concise.

2) Provide clear quality photomicrographs.

Technical comments:

- Kindly follow the journal's style. The manuscript has been revised according to other case reports from BMC Oral Health.