Author’s response to reviews

Title: Craniofacial fibrous dysplasia associated with McCune-Albright syndrome: Challenges in diagnosis and treatment: Case reports

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Author’s response to reviews:

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The Editor in Chief
BMC-Oral Health

Sir/Madam

RE: REVIEW OF MANUSCRIPT (OHEA-D-18-00480)
The above heading concerns.
We are very grateful to the entire Editorial Team of the Journal and to the reviewers for the hard work you are doing to ensure our manuscript entitled “Craniofacial fibrous dysplasia associated with McCune-Albright syndrome: Challenges in diagnosis and treatment: Case reports” is of high quality.

We have read and taken into consideration the constructive comments of reviewer 2 and have made all necessary amendments in our work as per his suggestions. The summary of the changes is highlighted in yellow with the wordings being in red within the main manuscript.

There are few issues which the reviewer had requested to be clarified, which we have reported in the response to reviewer but have not been included in the main text. Such issues include answering whether or not the patients were seen by physicians prior to reporting to us.

Sincerely,

Dr. Karpal Singh Sohal

Reviewer reports:

Reviewer 2 (Reviewer 2): REVISION ASSESSMENT FROM THE ACADEMIC PEER REVIEWER:

Has the author addressed your concerns sufficiently for you to now recommend the work as a technically sound contribution?

No

Reviewer comments: The authors have significantly improved the manuscript. But few queries have not been addressed well.

Authors response to general assessment:

Thank you for noting that the manuscript was significantly improved, and we make an apology for failing to address your concern to the expected level in the previous review. We believe this time we have done that adequately and addressed all concerns that were raised.
Reviewer comments:

REQUESTED REVISIONS:

The radio-graphic investigation carried out is not written in an updated way. The report of CT scan needs to be written in an expert way. Further the physical examination needs to be written well in context of evaluation of endocrine glands and its effects seen.

There are few more recommendations mentioned below so as to improve the manuscript potential:

The case description of both the cases is very brief especially the description of the extent of the lesion on radio graphs especially CT scan.

The authors can take help regarding the CT scan findings from the below mentioned article:


Authors Response: Thank you for the comments and a useful link to a very useful article. We have written the CT scan reports for both cases in a more elaborative way.

Changes made on page and line number: Page 7: lines 11-15.

Page 9: lines 3-7.

Reviewer comments: In case 1: a) Please do mention whether patient consulted any physician or doctor for this problem? If yes, then what was the steps taken by the patient or what was recommended by the doctor?

Authors Response: Yes, the patient did consult physician, where they had gone with a complain of a swelling on the facial region, and the physician referred her to the us for further management.

Changes made on page and line number: NONE

Reviewer comments: In case 1 b) If possible please add pertinent photographs of the patient revealing irregular skin pigmentation on the right side of the chest and back.

Please add the figure number in parenthesis in the corresponding text.
In case 1, the authors have described the case in terms of clinical appearance. But no emphasis is being given to medical examination in terms of endocrine glands except pubic hairs and enlarged breasts. Please do mention all the other signs and symptoms like vaginal bleeding etc.

Authors Response: Thank you for the comments. Unfortunately, we cannot add the photograph of the patient showing café-au-lait pigments, as the ones we have in our archives do not reveal the pigments very clearly due to dark complexion of our patients.

Some more information on the other signs as far as endocrine system is of concern have been added, including the vaginal bleeding and patient’s stature. The vaginal examination using a speculum was however not performed.

Changes made on page and line number: Page 6: lines 11-12.

Reviewer comments: Further the authors have mentioned about the histopathological examination being done in case 1. Please mention that Which site was chosen and what was the histopathology features. Was the level of cortisol or other growth hormones normal?

Authors Response: Thank you for the comments. The site of biopsy and the histopathological findings have been incorporated in the manuscript. We could not get the results of the levels of cortisol and other growth hormone as they were not documented in the patients file, hence we have not reported on that.

Changes made on page and line number: Page 7: lines 7-10.

Reviewer comments: In case 2: a) Please do mention whether patient consulted any physician or doctor for this problem? If yes, then what was the steps taken by the patient or what was recommended by the doctor? What was the physician's inference when the patient suffered from fracture?

Authors Response: Yes, the patient did consult physician, prior to reporting to us, whereby the physician referred him to the us for further management. Since the patient was seen in other health facilities by physician in a region which was more than 500 kms from our institute, we could not get any details about their inference regarding multiple episodes of fracture.

Changes made on page and line number: None

Others:

The Legends to figures have been modified.