Author’s response to reviews

Title: Follicular lymphoid hyperplasia of the posterior maxillary site presenting as uncommon entity: a case report and review of the literature

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Author’s response to reviews:

17 September 2018

Mr. Liam Messin
Editor-in-Chief
BMC Oral Health

Dear Mr. Messin;

Re: Manuscript reference No. OHEA-D-18-00096

Thank you very much for reviewing our manuscript.

Please find attached a revised version of our manuscript “Follicular lymphoid hyperplasia of the posterior maxillary site presenting as uncommon entity: a case report and review of the literature”, which we would like to resubmit for publication as a case report in BMC Oral Health.
Your comments and those of the reviewers were highly insightful and enabled us to greatly improve the quality of our manuscript. In the following pages are our point-by-point responses to each of the comments of the reviewers as well as your own comments.

Revisions in the text are shown using red highlight for additions, and strikethrough font for deletions. We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in BMC Oral Health.

We shall look forward to hearing from you at your earliest convenience.

Yours sincerely,

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Responses to the comments of Editor

Comment 1: Please, in the manuscript, confirm that all authors are from the same institution.

Response: We have confirmed that all authors belonged to the same institution.

Comment 2: In accordance with BMC Oral Health Submission guidelines, Please combined your Discussion and Conclusions sections together to form one section headed “Discussion and Conclusions”

Response: We have combined both headings of “Discussion and Conclusions” into one section in the manuscript.

Comment 3: The sentence “A copy of the written consent is available for review by the Editor-in-Chief of this journal upon request” can be removed from the “Consent for publication” at this time.

Response: We removed the sentence of “A copy of the written consent is available for review by the Editor-in-Chief of this journal upon request” from the “Consent for publication” of the manuscript.
Responses to the comments of Reviewer 1

Comment : Only the following minor revision is recommended: if possible, to insert an image of the intra-oral lesion.

Response: We have added photographic image of the intra-oral lesion to Fig. 1(A) and the description of “(A) Intraoral appearance of the mass lesion overlying by normal mucosa in the maxillary posterior site.” for the Fig. 1(A) to the legends.

Responses to the comments of Reviewer 2

Comment 1: Background
1. Please correct follicular lymphoid follicular hyperplasia to follicular lymphoid hyperplasia.

Response: We have corrected “follicular lymphoid follicular hyperplasia” to “follicular lymphoid hyperplasia (FLH)” in abbreviations.

Comment 2: Case presentation

1. Images resolution must be improved.

Response: We improved the resolution of all images. They were adjusted to approximately 300 dpi.

2. Figure 5 do not show CD10 and Bcl6 images.

Response: Because CD10 and Bcl6 images are shown in Figure 6, we would only show CD20 and CD79a images in Figure 5. Therefore, we have deleted the description of “CD10, and Bcl6” on page 6, line 6 in the text.

3. Figure 7 do not show Bcl2 immunostaining and this image is important to be shown.

Response: We have added Bcl2 image to Figure 7 and “and weakly positive immunostaining for Bcl2 (C)” for the Fig.7(C) to the legends.

4. Text must state that CD45RO and CD15 images are not shown.

Response: The description of “CD45RO and CD15 images were not shown.” was added on page 6, line 12.
5. There are two tables with no title or numbering that are not necessary.

Response: Two tables are indeed incorrect. Table 1 has been revised in additional file.

Comment 3: Discussion

1. The present case report announce in its title that reviews the literature on the subject. However it only analyzes briefly two articles with maxillary cases. An extended review of the literature must be provided.

Response: The following sentences were added to the first paragraph of the Discussion.

“In case 1, the size of the lesion was not specified, but it was speculated by the surrounding bone destruction that the size was larger than the present case. In the present case, there was no invasion to maxillary bone and because the boundary was clear, complete resection was possible. Both immunohistochemical profiles were similar. Although there was a difference in clinical findings, both showed strong positive for Ki67.”

2. Authors state that immunostaining for Bcl2 could be a useful marker in the differential diagnosis between FLH and lymphoma. It is also important to say that 10 to 15% of follicular lymphoma are negative for Bcl2 as well.

Response: As suggested by the reviewer, it is essential to recognize about negative cases for Bcl2 in follicular lymphoma, and we have added the description of “However, it has been documented that 10-15% of follicular lymphoma was negative for Bcl2 [8].” on page 9, lines 17-18 in the text.

Comment 4: Conclusion

1. Authors must make clear if they consider immunohistochemistry as a subsidiary or an important part of the diagnosis. This is also not clear in the discussion.

Response: We think that immunohistochemistry is an important part of the diagnosis. Then, we have added the description of “In particular, immunohistochemistry should be considered as an important part for obtaining definitive diagnosis.” on page 10, line 23 to page 11, line 1 in the paragraph of conclusions.

Also in the discussion, the description of “In order to arrive at definitive diagnosis, it is necessary to differentiate between FLH and neoplastic lymphoid proliferation with nodular pattern. Therefore, in addition to morphological features, it is important to evaluate immunophenotypes by immunohistochemistry.” has been added on page 10 lines 4-7.