Author’s response to reviews

Title: Synovial sarcoma of the floor of the mouth: A rare case report

Authors:
Yannan Wang (wangyannan@csu.edu.cn)
Feiya Zhu (physics4@csu.edu.cn)
Kai Wang (188102160@csu.edu.cn)

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Author’s response to reviews:

Dear reviewers and editors,

Thank you for your comments and we are very appreciated.

Here is the revised manuscript and all changes are indicated in the text by highlighting. And this time, we would like to thank Branden Wang for constructive writing and editing support of the manuscript.

Respond to the reviewers comments:

Harsha Lal De Silva, BDS, MS, FDSRCS. FFDRCS (Reviewer 1):
Thank you for your suggestions. Your recommendations are very helpful.
In the case presentation, the patient was first admitted to the local hospital and was diagnosed with fibroadenoma. Although he got some treatment, the tumor grew again. And then he was referred to our hospital. You said that the timeline events are not clear, and we made some changes this time (Page 3, in the case presentation part). And we hope it’s clearer.
And CT, PET-CT, HE and immunohistochemistry results were sufficient for the diagnosis of SS. As for the incorrect diagnosis, it maybe because previously immunohistochemistry lacked some key immune markers detection. And we discussed in the part of Diagnosis and differential diagnosis of the discussion part (page 4: line 32 and line 33, page 5: line 5 to line 7).
And we are very sorry that we can’t provide some figures or more detailed information due to the technical reasons. Such as PET-CT results, we don’t have the electronic images.
We present this case, not to show the rarity, but also to show the good prognosis of the patient with surgical treatment (without adjuvant therapy) until now.
Second, a more detailed follow-up was added in the part of Case presentation (page 3, line 34 to line 39). And for the treatment plan, we discussed in the discussion part (page 5, line 21 to line 39).
Response:
R1C1: These figures do not seem to have the appropriate resolution to demonstrate the claimed features.
Authors response R1C1: These figures (CT, HE) and PET-CT and the immunohistochemistry results were sufficient for the diagnosis of SS. And due to limited technology, we are sorry that we are unable to provide electronic pictures of PET-CT and immunohistochemistry results.

R1C2: Can you show these scans?

Authors response R1C2: Due to limited technology, we are sorry that we are unable to provide electronic pictures of PET-CT scan.

R1C3: What criteria were used for deciding against using adjuvant therapy? Did you perform frozen sections to ensure complete excision. Were the excision margins free of tumour?

Authors response R1C3:
1. Because the optimal treatment is not clear, and, there is no evidence to prove that adjuvant therapy is better for the patients. So we decided to do not use adjuvant therapy.
2. During the operation, the frozen biopsy results indicated completely excision. The results can be viewed in in Case presentation (page 3, line 29 to line 32).

R1C4: What was your follow-op plan. A six-months recurrence free follow-up is too short to be regarded as a successful outcome.

Authors response R1C4: The follow up plan can be viewed in the Case presentation (page 3, line 34 to line 39).

Jayantha Weerasinghe (Reviewer 2):
Thank you for your suggestions. We accepted your recommendations. And we made some changes in the manuscript. And, moreover, Branden Wang help us to improve the grammars.

Response:
R2C1: check keywords, select specific nouns

Authors response R2C1: Thank you for this suggestion. We have checked the key words and replaced Oral cavity and No radiotherapy and chemotherapy with The floor of the mouth and Case report. Now the new key words are: Synovial sarcoma; The floor of the mouth; Diagnosis; Surgical treatment; Case report (page 2, line 20 and line 21).

R2C2: six months?

Authors response R2C2: This patient was found the tumor for at least three months before referred to our hospital. Here, we gave a detail for this patient at the case presentation (page 3).

R2C3: any biopsy done?

Authors response R2C3: Yes. At local hospital, an incisional biopsy was performed with the patient under guidance of ultrasound and was submitted for histopathologic examination, the examination revealed that expansion of the lymphatic vessels could be seen in the right sublingual. After the surgical excision in the floor of mouth of the right submandibular region, the immunohistochemistry showed Vimentin was positive, Ki-67 percentage was about 35%, CD34, S-100, CK, P63 and LCA were negative (page 3, line 3 to line 8)

R2C4: not clear: submandibular what? extra oral?

Authors response R2C4: We are sorry for the confusion. The operation was intra oral, just Resected the tumor (case presentation, page 3, line 6).

R2C5: describe the region: involving the right floor of the mouth extending from the alveolus of .... teeth and extending anteriorly crossing the midline

Authors response R2C5: We described the region: Intraoral examination revealed a proliferative and ulcerated mass measuring approximately 6.0 × 1.0 cm in the right sublingual involving the right floor of the mouth extending from the alveolus of the left mandibular cuspid to the right mandibular 2nd molar teeth and extending anteriorly crossing the midline of the tongue (page 3, line 13 to line 16).

R2C6: on the photo there is a white slough area and blackened area?
Authors response R2C6: Due to poor hygiene conditions in the mouth of the patient, there are food residues, etc., and the surface of the tumor is white. The black part is the tumor tissue of ischemic necrosis (page 9, line 19 to line 22).

R2C7: This sentence may not be factually correct specifically for SS?1. most sarcomas rarely spread to lymph nodes 2. most common site of distant spread of sarcomas is the lung

Authors response R2C7: We are sorry that this paragraph is a little confused, and it’s not that relevant to this manuscript, so after consideration, we decided to delete it.

R2C8: nothing where?
Authors response R2C8: Here we wanted to show that postoperative pathology reports indicated there was no lymph node metastasis.

Thank you for all your suggestions and recommendations.

Best,

Kai Wang