Author’s response to reviews

Title: Primary malignant melanoma arising from ruptured ovarian mature cystic teratoma with elevated serum CA 19-9: A case report and review of literature

Authors:

Won Ku Choi (cwk-ksk@gmail.com)
Dong Hyun Lee (atrai83@naver.com)
Dong Hyu Cho (obgyn2001@jbnu.ac.kr)
Kyu Yun Jang (kyjang@jbnu.ac.kr)
Kyoung Min Kim (kmkim@jbnu.ac.kr)

Version: 1 Date: 04 Nov 2019

Author’s response to reviews:

Dear Editor:

Thank you for your e-mail of October 12, 2019, informing us that reviewer’s comments to our manuscript BMWH-D-18-00708 “Primary malignant melanoma arising from ruptured ovarian mature cystic teratoma with elevated serum CA 19-9: A case report and review of literature” by Choi et al., and although our manuscript has not been recommended for publication in its present form, we like to resubmit the revised manuscript.

We agree with all points and comments raised by the reviewer and the editorial office. We addressed all of the reviewer’s comments and technical comments in the revised manuscript. Thank you for your consideration of the revised manuscript.

Sincerely yours,

Kyoung Min Kim, M.D., Ph.D.

Assistant Professor
Department of Pathology, Chonbuk National University, Medical School, 567 Baekje-daero, Doekjin-gu, Jeonju-si, Jeollabuk-do, 561-756, Korea
Phone: +82-63-270-4691
Fax: +82-63-270-3135
E-mail: kmkim@jbnu.ac.kr
Response to Reviewers and technical comments

We thank the Reviewers and editorial office for their meaningful comments.

(1) Technical comments

1. It has come to our attention that within your manuscript there is significant text overlap with other publications, particularly:

Case Presentation:


While we understand that you may wish to express some of the same ideas contained in these publications, please be aware that we cannot condone the use of text from previously published work. Please rephrase this section in your own words to avoid direct overlap (please note, we cannot accept direct textual overlap with any previously published works even if the authors of the work are yourselves). Please be informed that we cannot proceed with handling your manuscript before this issue is resolved, and the sections of text in question have been reformulated. If there is overlap in the Methods section, please ensure to summarize the methods and cite the source.

Reply

We fully agree with editorial office for this comment. In response, we modified the “Case presentation” section as recommended. We will attach the whole case presentation section. The red marked letters are re-phrased.

A 42-year-old woman presented to the emergency department with diffuse abdominal pain and distension for the previous five days. Physical examination revealed a distended abdomen with marked tenderness and rebound tenderness in her lower abdomen. She had a fever at 39°C, a pulse rate of 80/minute, and blood pressure of 140/80mmHg. Laboratory investigations showed that WBC count of 17,320 cells/mm³, hematocrit 32.6%, platelets 263,000 cells/mm³, ESR 150 mm/hr, and CRP 88 mg/L. Additionally, serum CA19-9 was elevated to 29770 U/ml. Transvaginal ultrasonography showed cystic masses in both adnexa with mixed echogenicity and maximum diameter up to 9cm (Figure 1). Considering the clinical symptoms and ultrasound findings, we suspected chemical peritonitis due to a ruptured ovarian cystic mass. Under general anesthesia, we performed emergency exploratory laparotomy for confirmative diagnosis and treatment.
The surgical findings revealed approximately 1,000ml of ascites including hair and sebaceous material. Multiple dense adhesions were present between the omentum and bowel loops. The ovaries were fiable and bled easily, and the dermoid cystic material was noted in the cyst beds. Additionally, brownish black colored solid mass was identified within the cyst. We proceeded with cyst enucleation, partial omentectomy, and removal of all visible dermoid material in the abdominal cavity.

Histologic examination showed that most of the cystic mass was composed of mature dermoid components (Figure 2B). However, the brownish-black colored solid mass was composed of infiltrating nests of pleomorphic cells with prominent nucleoli and black pigments (Figure 2C). These pleomorphic cells showed strong immunoreactivity for melan-A and HMB-45 (Figure 2D). Based on these findings, the patient was diagnosed with malignant melanoma. The subsequent staging operation included total abdominal hysterectomy, both adnexectomy, omentectomy, appendectomy, peritoneal biopsy, and bilateral pelvic lymphadenectomy. After the surgery, the patient’s entire body was evaluated to exclude the possibility of a malignant melanoma at any other site. We finally concluded that the malignant melanoma originated from the mature cystic teratoma of the ovary. The patient remains alive and without recurrence 4 years after treatment.

2. Your manuscript needs to be copyedited. We recommend that you use a professional language editing service or a colleague with full professional proficiency in English. For authors who wish to have the language in their manuscript edited by a native-English speaker with scientific expertise, we recommend our affiliate Nature Research Editing Service: http://authorservices.springernature.com/ Please note that use of an editing service is neither a requirement nor a guarantee of publication.

Reply

We fully agree with editorial office for this comment. In response, we received the full English editing service for this manuscript as recommended.

3. Please combine your “Discussion” and “Conclusions” sections into one section entitled “Discussion and Conclusions”.

Reply

We fully agree with editorial office for this comment. In response, we combined the “Discussion” and “Conclusion” sections into “Discussion and Conclusion” section as recommended.

4. In the “Funding” section of your declarations, please clarify the role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript.
Reply

We thank the editorial office for this comment. In response, we reclarify the “Funding” section as recommended. We will attach the revised “Funding” section. The red marked letters are re-phrased.

Funding

The Fund of Biomedical Research Institute, Chonbuk National University Hospital: responsible for analysis and interpretation of the data.

5. We note that you have not included an “Acknowledgements” section in the Declarations. Authors should obtain permission to acknowledge from all those mentioned in the “Acknowledgements” section. If no acknowledgements are necessary then please state 'None'.

Reply

We thank the editorial office for this comment. In response, we added “Acknowledgements” section as recommended. We will attach the “Acknowledgements” section.

Acknowledgements

None.

(2) Comments from Reviewer 1

This is a case report of melanoma arising in ovarian dysgeminoma with review of the literature. It is well written. I do not have any suggestions for changes.

Reply

We thank the Reviewer for this comment.

(3) Comments from Reviewer 2

1. The authors should refer to their Figures in the Discussion.

Reply
We fully agree with the Reviewer for this comment. In response, we referred our figure in the 3rd paragraph of the “Discussion and Conclusions” section as recommended. We will attach the whole paragraph.

The histologic features of ovarian malignant melanomas are similar to those of melanomas originating from the skin. The commonly observed cytomorphic features of the tumor cells include discohesion, prominent nucleoli, cytoplasmic vacuolization, and multinucleation. The tumor cells are mostly arranged in diffuse solid patterns, although nested, pseudopapillary, or follicular patterns are also reported. For definite diagnosis, melanocytic markers such as S-100, Melan-A, and HMB45 antibodies are commonly used for immunohistochemistry. Histopathologic features of our present case were all consistent with above mentioned findings (Figure 2).

2. Also, the Discussion jumps around quite a bit. It would serve the authors well to reorganize the Discussion to follow a logical order of incidence, diagnosis, treatment, and prognosis.

Reply

We thank the Reviewer for this insightful comment and fully agree. In response, reorganized the “Discussion and Conclusions” section to incidence, diagnosis, treatment, and prognosis as recommended.