Author’s response to reviews

Title: Doege-Potter syndrome: a report of a histologically benign but clinically malignant case

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Author’s response to reviews:

Reviewer #1:

I have reviewed the case report entitled "Is histologic benign Doege-Potter Syndrome really a benign disease? - A Case Report"

Author described a patient who had 3.9x3.6 cm tumor (Solitary Fibrous Tumours of Pleura) in the right hemithorax but untreated. Seven years later, pleural effusion and 17x15 cm mass were observed. Because of the hypoglicemia, Doege-Potter syndrome was suspected and complete excision of the mass was performed. The patient was discharged 10 days postoperatively without any complication.

It is known that Solitary Fibrous Tumors of the pleura are uncommon tumors, even less common are those presenting with hypoglicemia (Doege-Potter Syndrome).

A rare pathology has been reported in this article. However, I think that the article needs to be further improved by adding some information.

My criticisms and suggestions about the article are below;

- Comment 1 : The author didn't use a reference in the background section !!

Thank you for your valuable comment.

We have cited a reference (1-3) in the Background section.

We will add this content in the newly submitting manuscript.
Author state that the tumor was diagnosed as a SFTP by thoracentesis. But at that time pleural effusion wasn’t noted.

Thank you for your valuable comment.

As you pointed out, thoracentesis was inaccurate.

We performed a transthoracic needle biopsy, this has been corrected on revised manuscript.

We have also attached a figure showing the biopsy as a supplementary material (figure 1 C).

We will add this content in the newly submitting manuscript.

Demonstrating the growing of SFTP can make a valuable contribution. Can the author add CT images of the first diagnostic period.

Thank you for your valuable comment.

We have added computed tomography images during the first diagnostic period.

We will add this content in the newly submitting manuscript.

I think that the title is not fully compatible with the article content

Thank you for your valuable comment.

We have modified the title to make it more compatible with the article content.

We will add this content in the newly submitting manuscript.

Yours sincerely,

Reviewer #2: This case report refers to a patient with a solitary fibrous tumour of the pleura with severe hypoglycemia defining a so-called Doege-Potter syndrome.

Although this syndrome is quite rare there is a number of case reports also in recent years, which reduces exclusivity and scientific value of the current submission. The clinical course of the presented case is very typical. A small peripheral lesion was found in the right haemothorax and
histologically verified as solitary fibrous tumour of the pleura. The lesion was not resected and the patient presented seven years later with a huge mass, which was again confirmed as the same disease. previous reports to this topic have already suggested, that resection should be considered in all patients who are candidates for operation upon diagnosis.

Interestingly none of the reported cases underwent preoperative histologic evaluation including Ki 67 which is known as prognostic factor regarding local recurrence and growth dynamics. With this quite simple test the indication for surgery is made more easily.

Despite reiteration of previously reported features of this disease this case report has several limitations.

I have the following comments:

On Page four lines 10-12 repetition of a sentence is found.

Thank you for your valuable comment.

We sincerely apologize for repeating the same sentence (the possibility of a hormonal etiology was excluded).

We have modified the sentence accordingly.

We will add this content in the newly submitting manuscript.

On Page five line 14 the sentence regarding the histological appearance of the tumour is difficult to understand.

Thank you for your valuable comment.

We have clarified the histologic features of a solitary fibrous tumor of the pleura and cited relevant reference (10).

We will add this content in the newly submitting manuscript.

On the same page line 21-23 regarding the prognosis of this disease the message is very unclear. Firstly there is a spelling error on line 22 - mortality instead of morality.

Thank you for your kind comment.
We sincerely apologize for the spelling error, we have revised this sentence to improve clarity.

We will add this content in the newly submitting manuscript.

Secondly the authors state, that the mortality rate within 10 years would reach 100% with this disease, but in the next sentence the authors comment, that even if the tumour is malignant and the patient has polyposis with a clear boundary enabling excision a good prognosis is observed. Please specify.

Thank you for your valuable comment.

In a previously reported study, the patient was diagnosed as having the disease about 10 years ago and did not undergo surgical resection, therefore death occurred within within 10 years.

In addition, we wanted to clarify that even if patients have malignant tumors, a good prognosis is possible if the tumors are completely resected.

We will add this content in the newly submitting manuscript.

Finally the references could be updated with more recent literature. Examples:

Thank you for your valuable comment.

We have updated six references (1,2,3,9,10,12) and we used some of the papers reviewer recommended (2,3,10).

We will add this content in the newly submitting manuscript.


