Author’s response to reviews

Title: Primary cardiac dedifferentiated liposarcoma in a middle-aged female: A case report

Authors:

Jiayu Shen (jy.shen1991@gmail.com)
Zhi Fang (188425062@qq.com)
Yahan Zhang (zyhcqmu@foxmail.com)
Yingqiang Guo (495645314@qq.com)

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Author’s response to reviews:

Dear Vipin

Thank you for your letter dated July 28, 2019. We were pleased to know that our manuscript was rated as a case report of importance in its field by reviewers and as potentially acceptable for publication in Journal of Cardiothoracic Surgery, subject to adequate revision and response to the comments raised by the reviewers.

Based on the instructions provided in your letter, we uploaded the file of the revised manuscript on the journal’s website.

As you notice, we have revised the manuscript by modifying the Case presentation and Discussion sections according to the inquiries and suggestions made by the reviewers. We have uploaded the revised manuscript marked with all changes made during the revision process. The new text is red colored. We guarantee that our revised manuscript conforms to the journal style.

Appended to this letter is our point-by-point response to the questions and comments raised by the reviewer. As you notice, we agreed with all the comments raised by the reviewer. We would like to take this opportunity to express our sincere thanks to the reviewers who identified areas of
our manuscript that needed corrections or modification. We would like also to thank you for allowing us to resubmit a revised copy of the manuscript.

We hope that the revised manuscript is accepted for publication in the Journal of Cardiothoracic Surgery.

Sincerely Yours,

Jia Hu

Aug. 3, 2019

Reviewer’s report

Title: Primary cardiac dedifferentiated liposarcoma in a middle-aged female: A case report

Version: 1 Date: July 28, 2019

Reviewer's reports:

An article whose findings are important to those with closely related research interests. There are a few points that could be improved and developed further.

1) PET scans are limited in their ability in detecting intracranial metastasis. Was brain MRI performed preoperatively?

Thank you very much for your question. A preoperative brain MRI is absolutely a useful technique in detecting intracranial metastasis. However, the deterioration our patient’s clinical status seemed to suddenly accelerated after PET-CT and the instable hemodynamics prevented us from performing other time-consuming examinations. If the hemodynamics of the patient was stable, we would perform the brain MRI preoperatively. This opinion was added in the discussion section, line 103-106, page 5-6. Now appeared as:

“Moreover, whole body MRI is a useful technique in detecting distant metastases. However, in this case, the deterioration our patient’s clinical status seemed to suddenly accelerated after PET-CT and the unstable hemodynamics prevented us from performing other time-consuming examinations.”
2) In reviewing the CT images in retrospect, were there any findings that would suggest myocardial invasion / involvement?

Thank you very much for your comments. Thoracic CT scan is a useful technique to evaluated the relationship of occupying lesion and myocardium. We have replaced the original transverse view of CT scan with two more transverse views (Fig. 1A and B), which could demonstrate the base of the intracavitary mass has integrated with the myocardium, suggesting the myocardial invasion. This opinion was added in the discussion section, line 97-98, page 5. Now appeared as:

“As we can observe from the preoperative CT scan, the intracavitary mass has integrated with the myocardium, suggesting the myocardial invasion of the mass.”

3) Is it possible that brain metastasis was secondary to dissemination from surgical manipulation/ incomplete resection?

Thank you for your question. We also consider the brain metastasis was likely to be secondary to the surgical manipulation/incomplete resection. However, in this case, it is pre-requisite to relieve the mitral obstruction and surgical resection is the only effective way, even though ideal complete resection cannot be achieved according to intraoperative exploration. This opinion was added in the discussion section, line 126-129, page 6-7. Now appeared as:

“In this case, as the patient with rapidly deteriorated left heart function, we did emergency partial surgical resection to relieve the restriction on mitral valve flow and pulmonary venous blood reflux, leaving the patient in the danger of neoplasm recurrence and metastasis.”

4) The authors describe in their discussion heart transplantation as a treatment option in unresectable tumors. From their experience with this case, if preop testing were better in predicting that this could be unresectable, would they offered transplantation as primary treatment- considering the patient's symptoms may be secondary to the pericardial effusion that they described as significant.

Thank you for your excellent question. According to the previous study, if preoperative testing predicts the cardiac tumor could be unresectable, heart transplantation for selected cases, which means patients with focal, non-distant metastasis primary cardiac tumor and in stable hemodynamics, may improve survival. This opinion was added in the discussion section, line 120-126, page 6. Now appeared as:

“Implantation of an artificial heart and cardiac transplantation represent an emerging and promising treatment strategy for young patients with no evidence of distant metastasis and isolated unresectable cardiac involvement in recent years[19]. If the hemodynamics of the patient
with unresectable tumors remain stable and the donor heart can be obtained in time, heart transplantation can be considered as primary treatment option. However, for patients with initial hemodynamic instability, emergency surgical resection should be done as soon as possible, because this condition can deteriorate in a short time.”