Author’s response to reviews

Title: Rosai-Dorfman Disease with Pulmonary Involvement Mimicking Bronchogenic Carcinoma

Authors:
Haneen Al-Maghrabi (almaghrabi.han@gmail.com)

AHMED ELMAHROUK (a_marouky@hotmail.com; ahmed.elmahrouki1@med.tanta.edu.eg; ael-mahrouk@kfshrc.edu.sa)

Maun Feteih (mfeteih@kfshrc.edu.sa)

Ahmed Jamjoom (Ajamjoom@kfshrc.edu.sa)

Jaudah Al-Maghrabi (jalmaghrabi@kfshrc.edu.sa)

Version: 1 Date: 19 Nov 2019

Author’s response to reviews:

Reviewer reports:

Reviewer #1: I have read with interest the manuscript entitled "Rosai-Dorfman Disease with Pulmonary Involvement Mimicking Bronchogenic Carcinoma." It is an interesting and well-written case report.

I would like to mention herewith some observations and think that would make it better for understanding-

1. At many places, the new para or sentence starts with abbreviations (RDD, for example). This needs correction.

   ANSWER:

   We thank the reviewer for his comments; we have corrected that in the manuscript.

2. Minor grammar correction (example, page 7 line 1- many cases of RDD undergoes.....)

   Answer:

   We have reviewed the manuscript grammatically, and corrected all found errors.
3. Most of the references have abbreviation 'et al'. I think, full list of authors is required.

Answer:

We thank the reviewer for his comments, References were corrected as advised.

4. Figure 2- The pictures are labeled as A, B and C but the description (legend) describes A, C and D?

Answer we have changed the labeling in the description and we thank the reviewer for his correction.

5. In the surgical management- The tumor was near the carina. In the absence of conclusive evidence of a benign pathology at the time of surgery, what considerations were given in case, if it was a malignant pathology? For example, frozen section, lobar resections or lobectomy was considered? Can author elaborate “tumor excision? How the intra luminal growth excision was achieved surgically?

Answer,

We thank the reviewer for his remarks; I understand that our description was not clear enough, so we have edited the manuscript in different location in order to make it clear.

We have performed pneumonectomy for the case; this decision was made intra-operatively as although the lobectomy including the bronchial involvement excision appeared feasible, the remaining lung tissue appeared unhealthy and nonfunctioning.

And we edited in the case description as follow

“Multiple biopsies were taken but were not diagnostic. After a multidisciplinary meeting between pulmonary, radiology and cardiothoracic surgery teams, a decision was made to proceed for surgical intervention. Although, lobectomy including excision of the bronchial involvement was deemed feasible intra-operatively, preservation of a healthy and functioning lobe was not possible and pneumonectomy was done. Initial examination of the lung specimen on the operating table showed a large mass at the right main bronchus encroaching on the carina with bronchial wall invasion extending to the extra-nodal tissue.”

In the Abstract section we also edited the file as follow:

“Pneumonectomy was performed and postoperative histology revealed marked mucin impaction and bronchial dilatation”
6. A post operative chest x ray or CT finding as a follow up will be of reader’s interest.

Answer:

Figure 4 was added that included CT chest after 6 month