Author's response to reviews

Title: Glomus Tumor in Subcutaneous Layer of Forearm Mimicking Hemangioma: Value of Ultrasonography: a case presentation

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Reviewer's reports

Do you have any ethical concerns?
: not sure about IRB approval

Answer) The present study was approved by the institutional review board of the hospital with which the current authors are affiliated (2015-07-009).

Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?:

Not with "hemangioma" as the main differential diagnosis. I have grave concerns about the use of the word "hemangioma." Hemangiomas are pediatric tumors, coming in two main varieties--infantile and congenital. Hemangiomas do not suddenly appear in a 60 year old man. Page 5 of the discussion, lines 101-106 are completely misusing the term "hemangioma" and are confused with vascular malformation. For instance, venous malformations have phleboliths, not hemangiomas. I refer the authors to the classification scheme first proposed by Mulliken and Glowacki in 1982 and many follow up papers on this topic that use the terms vascular tumor, such as hemangioma, and vascular malformation properly. These references would be better than a hand textbook from 1996 (reference 8). Even still, vascular malformations are present since birth and tend to grow proportionately with the patient. So, vascular malformation still not a great differential diagnosis.

Answer) We corrected the manuscript in accordance with request from reviewers that they wanted more detailed description of a definition of hemangioma. According to Mulliken and Glowacki in 1982, I described the terms vascular tumor, such as hemangioma, and vascular malformation properly. Lines 101-106
was changed to lines 101-116 with additional explanations. In addition, I added a citation “Mulliken JB, Glowacki J. Classification of pediatric vascular lesions. Plast Reconstr Surg. 1982;70:120-1” as reference [8].

Was written informed consent to publish this case obtained?: No

Answer) I sent written informed consent Editor-in-Chief.

Quality of written English: Not suitable for publication unless extensively edited

Answer) Proofreading has been done. We corrected the manuscript again.