Author's response to reviews

Title: Syringomatous adenoma of the nipple: report of a case

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Author's response to reviews: see over
Dear Dr. Acuna:

Thank you for your reply and valuable comments regarding our manuscript entitled “Syringomatous adenoma of the nipple: report of a case” (MS: 1011832979163468).

The reviewers’ comments have facilitated our revision of the manuscript. We have attempted to address their questions and comments in a point-by-point manner.

This detailed review of our manuscript is appreciated, and we have attempted to answer each of the questions and change the indicated sentences according to the reviewers’ recommendations. We have incorporated these changes, indicated in red and underlined text, into the new version of our manuscript.

We hope that we have satisfactorily answered the reviewers’ comments and that the revised manuscript is acceptable for publication in the Journal of Medical Case Reports.

Yours sincerely,

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Response to Dr. Takaaki Fujii

Thank you for your valuable comments regarding our manuscript entitled “Syringomatous adenoma of the nipple: report of a case”

Your detailed review of this manuscript is appreciated, and we have attempted to answer each of your questions and change the indicated sentences according to your recommendations. We have incorporated these changes into the new version of our manuscript and have indicated them in red and underlined text.

Comment:
1. Syringomatous adenoma of the nipple is a benign tumor, as authors described. Thus, after the resection, CT and bone scintigraphy were unnecessary and should be avoided.
   Page 6, line 11
   We agree with the reviewer’s comment. We thought that this sentence was unnecessary and deleted it accordingly.

Comment:
2. Authors mentioned the resection margin was positive and additional resection was recommended. If a patient requests presentation of the nipple, even with insufficient resection, tumor resection with nipple preservation should be considered? In the current case, follow-up of the patient was only 12 months. It is mentioned that the follow up has remained uneventful, what was the timeline for the follow up?
   Page 6, line 14
   Our manuscript did not explain this point sufficiently, and we have added sentences to address this issue.
   Page 6, line 18
   Another half-year had passed in which no local recurrence was observed. Accordingly, we added “a half” to the previous description of the time period.
   Page 10, line 6
   We have described the concept of follow-up duration, and think that a sufficiently long follow-up is necessary for this case.
Comment:
3. Although a syringomatous adenoma of the nipple is relatively rare as authors pointed out, such cases have widely reported.

   We agree with this comment. Our opinion, however, is that from a cosmetic viewpoint, nipple-sparing resection might be an alternative option for the treatment of SAN, especially in young women. Of course, careful and regular monitoring must be continued.
Response to Dr. Nikolaos Salemis

Thank you for your valuable comments regarding our manuscript entitled “Syringomatous adenoma of the nipple: report of a case”

Your detailed review of this manuscript is appreciated, and we have attempted to answer each of your questions and change the indicated sentences according to your recommendations. We incorporated these changes, indicated in red and underlined text, into the new version of our manuscript.

Comment:

• Was immunohistochemical staining considered in this case?

Page 6, line 5

We performed immunohistochemical staining and have described the results.

Comment:

• I am not sure if CT scans and bone scintigraphy were necessary in the evaluation of the patient.

Page 6, line 11

We agree with your comment. As we thought the sentence was unnecessary, we deleted the sentence.

Comment:

• There is nothing mentioned about the differential diagnosis of syringomatous adenoma of the nipple. I think that the authors, using adequate references, need to briefly discuss on the main differentials of SAN (either benign or malignant lesions). The important role of immunohistochemistry should be underlined in differentiating these lesions.

Page 6, line 6

We have added a description of tumor differentiation to the “Case Presentation” section.

Page 8, line 17

We have added text concerning the differentiation of SAN to the “Discussion” section.

Page 9, line 8

We have described the role of immunohistochemical staining.
We have added a new reference no. 12 to explain the role of Ki67 staining.

Comment:

We agree with your comment. We have included and incorporated the suggested reference in the above-mentioned locations.

Comment:
- Given that SAN is a tumor with high potential for local recurrence, I do not think that we can recommend that a biopsy performed with an incisional intent (as written in the case presentation section) would be an alternative treatment option.

We agree with this comment. Our opinion, however, is that from a cosmetic viewpoint, nipple-sparing resection might be an alternative option for the treatment of SAN, especially in young women. Of course, careful and regular monitoring must be continued.

Comment:
- There are misspellings in the authors’ names in references 6 and 10

Thank you for pointing out these typographical errors. We have corrected the authors’ names.

Comment:
- The title of reference 9 is incomplete.
Thank you for noting this omission. We have corrected the title.