Author's response to reviews

Title: Congenital Cystic Adenomatoid Malformation: dangers of misdiagnosis (a case report)

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- In your abstract, one or two lines focusing on discussion would be desirable

answer: The goal of this case is firmly expresses the need, for both pediatricians and radiologists, to grow diagnosis investigations, especially of congenital or constitutional entities in children, as soon as recurrence of respiratory distress and pulmonary infections are manifested. We also emphasize on bringing this important entity because of its frequency, to avoid the eventual therapeutic errors.

- Lines 19 and 21 of page 5, mg/kg/j must be changed into mg/kg/day

answer: 5mg/kg/day

- Lines 32-35 of page 5, replace "The re-reading of scanner plates, by experimented radiologist with the help of scanner plates, with the help of pediatric surgeons, evoked the diagnosis of CCAM." By "The re-reading of scanner plates, by experimented radiologist with the help of pediatric surgeons, evoked the diagnosis of CCAM."

answer: The re-reading of scanner plates, by experimented radiologist with the help of pediatric surgeons, evoked the diagnosis of CCAM.

- The right column of the Page 6, it is better to write « 5 hours postoperative: death » instead of « 5 post operative hours: death ».

answer: 5 hours postoperative: death
In order to reach your goal of facilitating the diagnosis of this disease, it would be better to detail more the typical radiological aspect of the CCAM at the CT scan which remains a key element for the diagnosis.

answer: Radiologically (figure 4), a CCAM can be classified into three types, corresponding to Stocker histopathological classification [1]:

- The most characteristic lesion for type I is the existence of a large cavity with a thick wall (diameter > 2cm) (image A).

- Numerous cystic lesions with separate cavities characterize type II, the maximum diameter often being less than 1 cm (image B).

- For type III, which is extremely rare, a large solid mass is encountered with innumerable vesicles the size of an alveolus, exerting a significant mediastinal displacement (image C).

- Your article allows us to learn more about the severity of CCAM and its misdiagnosis