Author’s response to reviews

Title: Sclerosing angiomatoid nodular transformation of the spleen mimicking metastasis of melanoma: a case report and review of the literature

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Response to reviewers:

Dear Ladies and Gentlemen,

We really appreciate the interesting comments made by the reviewers and would like to discuss them point by point. The manuscript was changed and the passages were highlighted accordingly.

Comments:

A. Do not start with " 4 years ago... ". You may start with, "A 43 year old male presented with splenic mass 4 years ago ...."

B. "The patient was diagnosed with ..... malignant melanoma 7 years ago and treated ...."

C. What was the advantage of doing CEUS over basic USG in delineation splenic lesion?
D. Why CT and MRI both were done for that patient? PET-CT scan (whole body) would have been enough to rule out metastasis.

E. One intra-operative/gross specimen (spleen) photo would be good if you can include.

Response:
A. and B.: Done.

C.: CEUS is known to be a useful tool in delineation of splenic lesions. It can help in differentiating benign and malign tumors [1]. As we pointed out in our article, this method can be helpful in identifying SANT.


D.: PET/CT is known to have a high accuracy in detection of melanoma metastasis [1, 2] and is therefore commonly used. There are reports of PET-negative cases of melanoma metastasis in the literature which are noteworthy. Thus and in regard of the before mentioned highly suspicious FNA specimen, our local tumor board did not advise conducting a PET/CT, since it would have had no significant clinical impact on management decisions [3 – 5].


E.: Unfortunately, we cannot provide the required photo.