Author's response to reviews

Title: Burkitt's Lymphoma With Placental Invasion Diagnosed At Cesarean Delivery: A Case Report

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Author’s response to reviews:

Thank you for allowing us to revise and resubmit "Burkitt's Lymphoma With Placental Invasion Diagnosed At Cesarean Delivery: A Case Report" (JMCR-D-17-00518).

Reviewer #1: Reviewer #1 answered most of their own questions.

1. Do you believe the case report is authentic?

Yes

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.

Comments:

No

3. Does the Introduction explain the relevance of the case to the medical literature?

Yes

4. Does the article report the following information? Where information is missing, please specify.
a. The relevant patient information, including:

- De-identified demographic information (age, gender, ethnicity)  YES
- Main symptoms of the patient  YES
- Medical, family and psychosocial history  YES
- Relevant past interventions and their outcomes  YES

b. The relevant physical examination findings  YES

c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.  YES

d. Diagnostic assessments, including:

- Diagnostic methods  YES
- Challenges (e.g., financial, language/cultural)  N/A
- Reasoning and prognostic characteristics (e.g., staging), where applicable YES

e. Types and mechanism of intervention  YES

f. A summary of the clinical course of all follow-up visits  YES

Comments

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

Comments: Yes

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Yes/No

Yes
7. Is the Abstract representative of the case presented?

Comments:
Yes

8. Does the case represent a useful contribution to the medical literature?

Comments: Yes

9. Additional comments for the author(s)?

Reviewer 2

QUESTION:- Your background section is too short, it must provide detailed data about this rare case, you can use data from this recent paper published in Lancet:

ANSWER: We added 32 words that were referenced to the background section.

QUESTION-Figure 1: change the colors of the arrows.

ANSWER: This is a black and white image. Changing the color would not improve the appearance. If the editor wants, we will be more than glad to change to color of the arrows, however.

- Please provide the Fluorescent in situ hybridization analysis of C-myc translocation for the newborn infant.

ANSWER: See below. We have attempted to paste the results as requested... The software will not allow us to paste a jpg into this space. The result is available.

QUESTION:- The quality of the histopathology examinations' figure is too low. Please provide them as TIFF with high-quality resolution.

ANSWER: We did send them as tiff files. Figs 2 and 3 are 2.8 and 1.4 MB, respectively.
 QUESTION:- It is well known than Burkitt's lymphoma develops in immunocompromised patients. Why didn't you look for HIV in this patient?

ANSWER: We did. In the case section we wrote, ‘Serological tests for human immunovirus, Hepatitis B, and Hepatitis C were negative.’

Minor concerns:

QUESTION:- There are many spelling mistakes in the manuscript. Please check/correct.

ANSWER: We reread the paper multiple times with the spell checker on and fixed any misspellings.

QUESTION:- Check carefully the instructions to the authors of the journal.

ANSWER: We did and I think the reviewer noticed we did not supply the CARE list. We have added the list.

QUESTION:- Other abbreviations were used in the text but not found in the list of abbreviations. Please add them all.

ANSWER: We added several. Also, I am not sure the editors want lab units (e.g. U/mL) in the abbreviation list or histopathology stains (CD3, bcl2, etc). I will be more than glad to add them.

Reviewer #3:

QUESTION: Although rarely seen, the management of NHL in pregnant patients is generally straightforward. But as the authors stated, placental infiltration in NHL is a rare entity. So the authors should review the literature for cases with placental invasion (maybe a table for displaying the features of these cases) and rewrite the discussion part.

ANSWER: We would be glad to widen the discussion of our case to the topic of NHL with placental involvement in pregnancy. However, this paper was specifically describing Burkitt’s lymphoma. Although Burkitt’s happens to be a NHL, it is a stand-alone diagnosis by itself. Moreover, there is a nice table already published showing ‘the features of these cases’, (Jepsen E, Behling E, Schwarting R, Cardonick E, Bocker Edmonston T, Sharan K. J Clin Case Rep
2015, 5:5 http://dx.doi.org/10.4172/2165-7920.1000540.) In summary, this case is not a review of NHL in pregnancy with placental metastasis. It is about a unique, one-of-a-kind disorder with clinical implications as discussed.

If the editor would like we can broaden the subject, but we would prefer to keep it focused on the subject described in the title of the report.

“- Please provide the Fluorescent in situ hybridization analysis of C-myc translocation for the newborn infant.”

ANSWER:

Thank you