Author’s response to reviews

Title: Cervical Congenital Infantile Fibrosarcoma: A case report

Authors:
Alisha Gupta (alisha.aiims@gmail.com)
Shilpa Sharma (drshilpas@gmail.com)
Sandeep Mathur (mathuraiims@gmail.com)
D Yadav (drdevendra@hotmail.com)
D Gupta (profdkgupta@gmail.com)

Version: 1 Date: 31 Oct 2018

Author’s response to reviews:

Reviewer reports:

Reviewer #1: 1. Do you believe the case report is authentic?
No

The authenticity of the case report is justified by the clinical images.

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
Parents have given written, informed consent for publishing the case and accompanying images. A note of this has been made at the end of the manuscript. Institutional ethical board approval was not required.

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)
   - Main symptoms of the patient
   - Medical, family and psychosocial history
   - Relevant past interventions and their outcomes

b. The relevant physical examination findings

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.

d. Diagnostic assessments, including:
   - Diagnostic methods
   - Challenges (e.g., financial, language/cultural)
   - Reasoning and prognostic characteristics (e.g., staging), where applicable

e. Types and mechanism of intervention

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

Comments: lack of operation method
Neck exploration and complete gross excision was done – highlighted in the edited manuscript.

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

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

7. Is the Abstract representative of the case presented?
Comments: No
The abstract includes the underlying message of a congenital neck swelling masquerading as a vascular malformation for which an excision biopsy was confirmatory of the diagnosis. This should thus be kept as one of the differential diagnoses for a congenital neck swelling.

8. Does the case represent a useful contribution to the medical literature?
Comments: No
By reporting this case, our aim is to emphasize to the medical fraternity that a possibility of fibrosarcoma should be kept for congenital neck swellings in children. Complete surgical excision is curative.

9. Additional comments for the author(s)? Authors should state the method of operation in more detail. In abstract, with a remote possibility of malignancy, excisional biopsy was done. However, the size of
the tumor is 5.5X7.5cm. I think that the resection is more suitable than excisional biopsy.
Furthermore, in case presentation, authors suddenly stated that frozen section was suggestive of malignancy, however author resected en block. Please state in more detail whether the piece of the tumor was submitted for frozen section after the tumor was resected en block.

Thank you for your comments. We have corrected the same. The frozen section was sent during surgery and the procedure was continued to complete resection without waiting for the report.

Reviewer #2: Congenital-infantile fibrosarcoma masquerading as sacrococcygeal teratoma
Al-Salem, Ahmed H.
Journal of Pediatric Surgery, Volume 46, Issue 11, 2177 - 2180

Include this reference as another possible rare site of lesion in line 43-44 in discussion

Added as Reference 9

Reviewer #3: 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)
   - Medical, family and psychosocial history
   - 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
   - Challenges (e.g., financial, language/cultural)
   - Reasoning and prognostic characteristics (e.g., staging), where applicable
   Yes

e. Types and mechanism of intervention

f. A summary of the clinical course of all follow-up visits
   Comments:
   Yes

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

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)?

   The tubercular lymphadenitis (BCG) appears to be incidental finding and it is confusing to the readers. Also it appear to be a distraction from main report.

   How many doses of bleomycin were received by the patient?
   Generally, bleomycin in such cases is given in very low doses and unlikely to cause immunosuppression. Moreover, the patient presented only a month after the injection, it is unlikely that more than 2 doses might have been given. Hence it may be omitted from the case report and and from discussion as well so as to maintain clarity for the readers.

   Tubercular lymphadenitis was most likely an incidental finding. Only a single dose of Bleomycin was given, hence is unlikely to cause any immunosuppression. This is what we speculated and hence mentioned in the report. We have now removed it from the description.

Reviewer #4: 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:
None

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)
   - Main symptoms of the patient
   - Medical, family and psychosocial history
   - Relevant past interventions and their outcomes

   Yes, everything is detailed but no psychosocial history is required for this.

b. The relevant physical examination findings
   Yes, reported

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.
   The child is just 3 months old. Yes, provided.

d. Diagnostic assessments, including:
   - Diagnostic methods
   - Challenges (e.g., financial, language/cultural)
   - Reasoning and prognostic characteristics (e.g., staging), where applicable

   Yes

e. Types and mechanism of intervention

   yes, surgery.

f. A summary of the clinical course of all follow-up visits
   Comments:
   Follow-up was provided.

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

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

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

9. Additional comments for the author(s)?
None