Author’s response to reviews

Title: A case report of diffuse large B-cell lymphoma involving Meckel’s cave masquerading as biopsy-negative giant cell arteritis

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Author’s response to reviews:

Reviewer 1
1. The novelty of this case is limited. Although this case is cautionary, there are several case reports illustrating that lymphoma mimicked giant cell arteritis. The authors should review previous cases and compare them with this case.

The authors thank the reviewer for the comment. This is the first case of diffuse large B cell lymphoma with Meckel’s cave involvement presenting as a misdiagnosed biopsy negative GCA case that has been reported based on our literature review. The authors agree there are other cases of lymphoma mimicking GCA, however these cases are not directly comparable to the current description as the other reported cases either focus on constitutional symptoms without cranial features of GCA that are subsequently diagnosed with lymphoma or patients with cranial symptoms (vision loss, diplopia, headache, scalp tenderness) for which perivascular or intravascular lymphoma was ultimately diagnosed. In order to provide comparison we have briefly added text regarding comparisons of perivascular and intravascular cases in the discussion.

2. The authors should discuss why the first local MRI was interpreted as normal. Although the authors proposed MRI of the brain should be obtained, MRI of the brain was performed in this case but interpreted as normal. Is this finding of the local MRI of brain difficult to be detected? If the local primary provider found the abnormal finding of MRI, the unnecessary treatment would be avoided. The authors should comment why this finding was easily missed.

Additional language regarding the possibility of missing symmetrical findings in Meckel’s cave has been added.
3. The authors also should discuss relevant differential diagnoses of the finding of MRI. Doctors should know differential diagnoses to plan a diagnostic strategy before conducting PET-CT.

Initial differential diagnosis for infiltrative processes in Meckel’s cave have been added

4. If the authors examine soluble IL-2 receptor before chemotherapy, please specify it.

IL-2 receptor was not checked by hematology prior to initiation of chemotherapy.

Reviewer 2

1. Line 114, you mentioned that Meckel disease can cause trigeminal neuralgia, facial numbness and diplopia. could you please elaborate more in the case presentation what type of diplopia the patient had (horizontal, vertical, diagonal etc) and discuss in the discussion section how Meckel's lesion can cause diplopia (compression on the cavernous sinus ).

The patient experienced horizontal diplopia. This has been added to the case presentation. It is thought this was secondary to proximity of lesion to the CNVI nerve in the cavernous sinus.

2. I would mention the anatomy of mackles cave and it is relationship to the surrounding structures in the discussion part

The authors thank the reviewer for this comment. Anatomy of Meckel’s cave has been added to the discussion for further clarification

Reviewer 4

1. It’s a well written article, however, the article needs to be re-written focusing more on DLBCL rather than giant cell arteritis. the current case is of DLBCL, mimicking some signs and symptoms of giant cell arteritis. the focus needs to be towards the mimickers of giant cell arteritis. the potential pitfall of diagnosis of GCA and its mimickers needs emphasis.

The authors agree a greater emphasis on pathology in Meckel’s cave and diffuse large B cell lymphoma are warranted and these have been added to the discussion with subsequent reduction in focus on GCA. However, given part of the importance of this case was an improper diagnosis of GCA because of headache, vision changes and elevated inflammatory markers, despite negative biopsy and lack of steroid response, the authors feels the cautionary tale of this presentation remains important to discuss in part.

2. More details on follow up visit is necessary.

The patient has had recent follow up this month and additional details have been added in the case presentation.