

## **Answering reviewers**

May 21, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 3157-review.doc).

**Title: Primary renal carcinoid tumor; rare cystic renal neoplasm**

**Author: Jung-Hee Yoon**

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO: 2013-3157**

The manuscript has been improved according to the suggestions of reviewers:

1. Format has been updated
2. Revision has been made according to the suggestions of the reviewer

## **For Reviewer: 1**

### **General comments**

In this case report, the authors reported a rare case of primary renal carcinoid and reviewed previous reported literatures.

As a primary renal cystic mass, primary renal carcinoid is very rare and the imaging findings are not known well, although we can meet imaging findings in review articles. Initially, radiologists diagnose it as cystic renal cell carcinoma (Bosniak category IV cyst). Thus, radiologists should need to be familiar to CT findings of a rare, primary renal carcinoid.

Generally, this review article is well-written. However, there is something to be changed or added in the main body.

### **Specific comments**

Titles: OK

Abstract:

Generally, the terminology of "corticomedullary and nephrographic phases" in kidney dynamic CT is preferred to the use of early and delayed phases. Thus, I would recommend the use of corticomedullary and nephrographic phase.

: Yes, we changed the terminology from early-, delayed- to corticomedullary-

and nephrographic phases.

Introduction: OK

Case report

Please change 'early phase or delayed phase' into 'corticomedullary phase or nephrographic phase'.

: Yes, we changed the terminology from early-, delayed- to corticomedullary- and nephrographic phases.

In CT findings, please add your differential diagnosis in the main body.

: Yes, we added differential diagnosis in the CT findings section.

## Discussion

Of primary renal masses, mixed epithelial and stromal tumor and synovial sarcoma can show cystic and solid, solid and cystic feature. Thus, please add short discussion as differential diagnosis.

: Yes, we added differential diagnosis with MEST and synovial sarcoma in the discussion section.

I would recommend deletion for brief overview of Bosniak renal cyst classification.

: Yes, we deleted.

**References:** Error in published year for reference 20. Please clarify it.

: Yes, we revised the reference 20 with 1996.

## Figures:

Fig. 2: Please change 'equilibrium phase' into "nephrographic phase".

: Yes, we revised.

Fig. 3: Please add 'arrows' on the figures.

: Yes, we added arrows on the Figure 3.

**For Reviewer:** 00289581

## Comments to Authors

This is an interesting case report of a 21 year old with renal carcinoid tumor. The strength of this manuscript is the uncommon occurrence, and the review of

the literature. Recommend Major revision, with attention to the above: -The English needs to be improved overall. -The Figures and Histology are good, but Figure 3 and 4 need arrows and direction to correlate with the text description. - In Introduction, 91 cases are mentioned as being reported....recommend that a table of review comparing the findings be included in the discussion. How is this case similar or different? -Clinically, what did the urinalysis show, was it sent for cytology? -Please describe the clinical findings, symptoms and labs, how did this patient present?

:Yes. I performed my manuscript editing by AJE.

And we added arrows in the Figure 3.

As your comment, we made and insert a table of review of reported cases, but I don't recommend the insertion of table, because many reported articles are focus on immunohistopathologic findings, the comment of radiologic imagings (especially CT) are limited, not specific and various. Most commonly reported CT findings are no or minimal enhancement of solid mass, despite of our case showed significant well-enhancement.

And we added clinical findings of this reported case.

3. References and type setting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Thanks a ton your kind review and comments.

We revised our manuscript along the your mentions.

We change the revised document in our manuscript by using red colored text.

The manuscript was corrected grammer problems from AJE.

Sincerely yours

Jung-Hee Yoon, M.D., Ph.D

Associate Professor

Department of Radiology

Haeundae Paik Hospital, Inje University, College of Medicine

1435 Jwa-dong, Haeundae-gu, Busan, 612-030, Korea.

Tel. 82-51-797-0355

Fax. 82-51-797-0397

E-mail: radyjh@hanmail.net