

75336-Answering Reviewers

Reviewer #1:

The association of alcoholic liver cirrhosis with peritoneal mesothelioma should be better interpreted in terms of the potential etiologic mechanisms; I am intrigued by the etiology of the mesothelioma.

Answer:

Thank you for your interest in this article.

There are few reports on whether alcoholic cirrhosis and peritoneal mesothelioma are coincidental or whether there is a certain relationship between the two diseases in terms of pathogenesis, which requires further study in the future.

The increase diffusion of chemicals and a steep rise of cancer incidence is an established fact. So I think that some important comments on this point should be added on the basis of recent published papers on this topic.

Answer:

I quite agree with the reviewer's opinion.

We have added relevant information to the manuscript.

The relationship between chemicals other than asbestos and peritoneal malignant mesothelioma has been well studied internationally. We hope we can have the opportunity to learn from the reviewer in the future.

In fact fiber –related cell transformation, the mechanism underlying asbestos carcinogenic effect, can be exerted by other fibers present in the environment. My suggestion is also that during the schizophrenic phase owing to the behavioral changes, the patient could have not paid attention to the surrounding environment so he could have been exposed to unknown toxic factors that could have been gone unrecognized. Where did the patient live during the schizophrenic crisis ?

Answer:

Thank you for your question.

Although the patient has a history of schizophrenia for many years, the patient's condition is relatively stable in recent years. He can take care of himself in his daily life. The patient is

now in retirement, staying at home all year round and rarely going out. We asked the family members, the patient lived with his son, and there were no poisons and special drugs in the home.

A normal range of lab values must be reported. -The CT scans and intraoperative images is to be improved: the specific abnormality described in the legends must be indicated by arrows in the pictures.

Answer:

Thank you for your question.

We have revised it in the manuscript. The lesion in the picture has been marked with arrows. The normal range of laboratory data such as leukocytes and platelets is not indicated according to the format requirements of the journal.

Reviewer #2:

I do not see what is the incidence of this disease, although rare.

Answer:

Thank you for your question.

We have added relevant information to the manuscript.

Malignant peritoneal mesothelioma (MPM) is a rare malignancy originated from peritoneal epithelium or mesothelium and the annual incidence of the tumor in the general population is 1-2 cases per million.

Despite cirrhosis in anamnesis, the patient had a SAAG not consistent with cirrotic portal hypertension. Moreover, he did not have splenomegaly nor low platelet count. Therefore I agree with the Authors when they said that not all ascites in cirrhotic patients are associated with cirrhosis.

Answer:

Thank you for your question.

I agree with the opinion.

According to data reported in literature, could PET scan be useful in diagnosis or can it be used as a prognostic tool especially during chemotherapy?

Answer:

It is indeed reported that PET-CT is valuable in early diagnosis, evaluation of curative effect and judgment of distant metastasis.

The diagnosis of this case was confirmed by enhanced CT and laparoscopy. PET-CT was not performed in diagnosis. In the future follow-up to judge the curative effect and whether there is distant metastasis, the patient can be recommended to undergo PET-CT examination.

The follow-up time has not been reported

Answer:

Thank you for your question.

We have added relevant information to the original text.

For this patient, we have followed up for 11 months and there is no aggravation.

I suggest liver biopsy instead of liver puncture. Why the patient undergo liver biopsy for diagnosis of cirrhosis in the past?

Answer:

Thank you for your correction.

The patient was diagnosed with alcoholic hepatitis in the local hospital three years ago. The doctor performed liver biopsy for him to determine if he had developed cirrhosis.

Reviewer #3:

Authors have not produced any definite proof of liver cirrhosis in this case. Patient had low SAAG ascites in which malignant cells were positive.

Answer:

Thank you for your question.

We mentioned in the article the patient was diagnosed with alcoholic hepatitis in the local hospital three years ago. The doctor performed liver biopsy for him to determine if he had developed cirrhosis.

The report from the upper endoscopy has not been mentioned.

Answer:

Thank you for your question.

At that time, we suggested the patient to have gastroscopy, but the patient and his family members refused to undergo gastroscopy due to possible complications and economic factors.

Even if cirrhosis was present, which could be clinically silent in this case, authors should explain the significance of such association. Is this just a coincidence, or is there a causative factor at play?

Answer:

Thank you for your question.

In our clinical practice, we have encountered many patients with alcoholic cirrhosis without splenomegaly and thrombocytopenia, even if they have a history of alcoholic cirrhosis for many years. However, hepatitis B cirrhosis patients are more likely to have splenomegaly, thrombocytopenia and other clinical manifestations.

For this case, the patient has no splenomegaly and thrombocytopenia, but has peritoneal effusion, which aroused our doubts about other possible diseases and pay more attention to this case.

There are few reports on whether alcoholic cirrhosis and peritoneal mesothelioma are coincidental or whether there is a certain relationship between the two diseases in terms of pathogenesis, which requires further study in the future.

The core tips should not be just a summary of the abstract. It should be like a take home message with regard to this case.

Answer:

Thank you for your question. We modified the core tip section.

Core Tip: Malignant peritoneal mesothelioma (MPM) is a rare disease with nonspecific and vague symptoms. MPM concurrent with alcoholic cirrhosis had not been reported. We report a 63-year-old man who had abdominal distension and was initially diagnosed with alcoholic cirrhosis. His symptoms did not improve significantly after a period of treatments. The patient then underwent exploratory laparotomy, and pathologic examination showed an epithelioid MPM. MPM is subjected to misdiagnosis and missed diagnosis because of its insidious onset. Clinicians should be aware of the disease, and make a correct diagnosis so as to provide patients with timely and effective treatment. MPM concurrent with alcoholic cirrhosis is rare and requires further studies.

The English language still needs improvement.

Answer:

Thank you for your question.

For the manuscript, we have polished the language.

We have revised the suggestions from the Science Editor in the manuscript.