

May 15, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2869 Hibernoma Chest Wall)

Title: Giant hibernoma of the thoracic pleura and chest wall

Author: Dawn E. Jaroszewski, MD and Giovanni Des Petris

Name of Journal: *World Journal of Clinical Cases*

ESPS Manuscript NO: 2869

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

Format has been updated

Revision has been made according to the suggestions of the reviewer

Thank you very much for your review of our case report the following information was included in the manuscript revision to address the reviewer's comments and questions.

1> Morphologically, brown fat (versus white fat) is found in hibernating mammals¹. Brown fat adipocytes contain a higher number of small lipid droplets and a much denser concentration of mitochondria

2>Hibernoma is a rare tumor containing prominent brown adipocytes that resemble normal brown fat.

3>Clinically, hibernoma is indistinguishable from malignant tumors Hibernomas are a type of lipoid tumor that contain prominent brown adipocytes similar to the brown fat of hibernating animals¹

4>The definitive diagnosis of the tumor is made by histologic confirmation. Microscopically the hibernoma is distinctive and readily differentiated from other tumors. The differential microscopic diagnosis includes adult rhabdomyoma (larger cells, glycogen rich cells with striations and crystals) and granular cell tumor (no lipid vacuoles). Hibernomas have large multi-vacuolated cells with abundant mature adipose cells, several small capillaries and no significant decomposition or adipocytic atypia⁷. Immunohistochemical staining should show S-100 positivity for lipidic cells. CD34 which is seen in spindle cell and other lipoid component tumors is usually negative. Several histologic variations have been described based upon the quality of hibernoma cells, nature of the stroma, and the presence of spindle cell components³. Oil red O-positive droplets of lipid is seen in all lipoid based tumors.

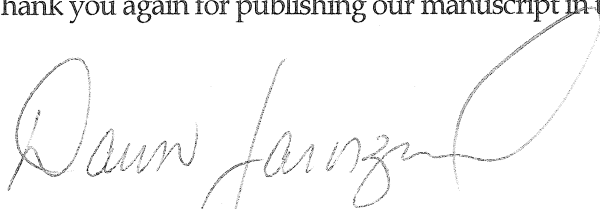
5>A flat drain was placed between the mesh reconstruction and the muscle to prevent seroma. The wound was closed in layers and dressings placed. Compression wrapping was performed to help reduce the cavity and prevent fluid collection.

6>Treatment of large and symptomatic hibernomas is surgical excision^{1,2,5,6}. This is curative in the majority of patients with the exception of a rare case reported having recurrence after unclear resection margins^{4,6}

7> References were updated and as requested the paper for Dr. Gery, 1914 was added. We were unable to find a PUB med or DOI for this document as it is not indexed.

8>The reviewer asked for intraoperative surgical photos. We did not take any so these would not be available.

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

A handwritten signature in cursive script, reading "Dawn Jaroszewski". The signature is written in dark ink and is positioned above the printed name and title.

Dawn Jaroszewski, MD
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