Reviewed by 00505809

interesting report accept for publication no modifications delete figure 2

Done

Reviewed by 02528717

This is an interesting case about pancreas involvement in a case with relapsed myeleoma. However some points need to correct:

1-Pancreatic myeloma is not appropriate, title must be changed as pancreatic plasmacytoma,

We agree. So we changed «myeloma »by «plasmacytoma »in all the body text.

2-ALAT and ASAT are not universal abbrevaitions, they must be AST and ALT

We do agree. So we changed in accordance with this comment

3-Basing on hematotoxicity must be corrected as based on.....

Done

4-After platelets administration may be changed as after platelet support

Done

Reviewed by 02445135

The case is interesting,

1) **Treatment received at relapse should be stated.**

As reported in the case presentation: "Hence, after contacting the referral hematologist of the patient, a cure of 40 mg dexamethasone daily was started inciting a drastic decrease of bilirubin level within the next three days (183.1 µmol/L) and . Then, a second line of chemotherapy (Bortezomib + Cyclophosphamide) was started…"

2) **Myeloma work-up at diagnosis and present relapse should be given (CBC, renal function, LDH, quantitative immunoglobulin measurements and serum free light chain quantification, bone marrow plasma cell infiltration at diagnosis and 1st relapse, bony status, karyotype and FISH studies if available…)**

Done .

At baseline: "However, the patient was treated with Lenalidomide plus dexamethasone for a Immunoglobulin A (IgA) plasmacytoma diagnosed 3 years ago (t(4;14) positive, del(17p) negative; at baseline: LDH: 173UI/L, monoclonal immunoglobulin peak: 40.5 g/L , Kappa and Lambda serum free light chain: 11.7 and 18.6 mg/L, respectively), without hypercalcemia nor kidney failure. He relapsed dramatically one year ago, with an extramedullar localization (L4 lumbar spine)."

At relapse: "Bone marrow was exempted from dystrophic plasma cells, proving an extramedullar relapse. The increase of the monoclonal spike (from 2.3g/L to 8.1g/L within 4 months) and LDH (259 UI/L) was compatible with this diagnosis. Kappa and Lambda free light chain, at this time of the disease, were 0.4mg/L and 24.8mg/l, respectively, without hypercalcemia, Bence Jones proteinuria, nor kidney failure."

3) **The description of extramedullary myeloma should be corrected in the beginning of the discussion. Bone is not, by definition, an extramedullary site, and the most common sites are not the one described**

We agree.

«The most commonly involved organs are those located around skeletal lesions, and less frequently, skin, liver, kidney, or central nervous system.”

Reviewed by 00053888

The authors have reported a case of a pancreatic plasmacytoma which has been extensively investigated to achieve a diagnosis. The authors are pinning the importance of their case report on achieving the diagnosis using cytology of the patients ascites! Being devils advocate most of us would just have sampled the ascites for cytological evaluation as a first move and avoided the need for further investigations!

We understand this retrospective look at our diagnostic approach.
But as it can be seen in pictures of CT scan, the amount of ascite was very small, in contrast with a large mass in the head of pancreas. The probability of pancreatic carcinoma was higher than pancreatic plasmocytoma despite of history of myeloma. EUS FNA is usely performed in this setting and remains the preferential route to take a small sample of suspicious pancreatic mass, given its safety (complication <2%; and rarely severe), and diagnostic performance (sensibility: 87%). However, negative predictive value of EUS-FNA remains poor (<50%), especially for the diagnosis of lymphoproliferative mass that require the use of larger needle (19 G rather than 22 G or 25 G).Without previous suspicion of lymphoproliferative mass, the 22G needle is the commonly diameter used in daily practice. In contrast, performances of ascites analysis for the diagnosis of cancer are poor (low sensibility and low specificity). Finally, our study is interesting for the rarity of the setting (pancreatic plasmacytoma) and especially, for our exhaustive systematic review of literature identifying 63 cases with the diagnostic approach.