

World Journal of Clinical Cases

Manuscript 66924 [Spontaneous rupture of adrenal myelolipoma as a cause of acute flank pain: A case report]

Dear editors,

Thank you for the timely review you have given our manuscript. We have edited the former manuscript according to the reviewers' comments. We hope that the revision of the manuscript fulfills the requirements of the World Journal of Clinical Cases and is up to its standards.

Sincerely,

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Answers to Reviewer #1

The manuscript presented a rare and interesting case of spontaneous rupture of adrenal myelolipoma as a cause of acute flank pain, but, it does not meet the requirements of publication due to citing inappropriately the references in the introduction and discussion sections. Please cite the latest references, especially references in the past 3 or 5 years.

Thank you for your comment. The references have been updated to reflect more recent publications. Some references with historical significance (ex Gierke et al, Oberling et al.) and one with a statement (Han et al) that we wished to discuss in our manuscript have been retained.

Also, please make minor revision in the " FINAL DIAGNOSIS" paragraph, for example, ", confirmed by pathologic examination". Pathologic result should be presented in the " FINAL DIAGNOSIS" paragraph, instead of " TREATMENT" paragraph.

Thank you for correcting our error. We have revised the manuscript to correctly place the pathological results in the final diagnosis section.,

Answers to Reviewer #2

General Impression: The authors reported an interesting case of a myelolipoma rupture causing acute flank pain, managed with laparoscopic resection. The manuscript is very informative and nicely-written. The title is clear and represents the manuscript's content. The abstract is concise and brief. The introduction gives a good background about the pathology. The patient's case is well-presented, and most of the relevant clinical information are mentioned. The discussion gives valuable information about the pathogenesis of the myelolipoma and its radiologic diagnosis. The conclusions are reasonable and clearly-based on the authors experience. I think the manuscript is potentially suitable for publication and would enrich the journal's content. I only have some minor comments that hopefully would help in further improving the manuscript.

Comments: 1) In the case presentation section, could you indicate whether the patient had any trauma on his abdomen or flank that could have induced the tumor rupture?

Thank you for this insightful comment. The patient had no past (recent or long-term) history of trauma to his abdomen. We have revised the manuscript to include this important observation.

2) In the physical examination subheading of the case presentation section, could you please mention whether there were any cutaneous signs over the right flank?

Thank you for your inquiry. On physical examination there was no change in color of

the skin above the flank pain site and no wounds or other skin lesions were observed. We added this to the physical examination section of the manuscript.

3) In the physical examination subheading of the case presentation section, could you please add more details about the pain characteristics and how it differed from the ureteral stone pain?

Thank you giving us the chance to clarify the patient's physical examination findings. The patient complained of vague flank pain that he could not accurately localize. The pain had started abruptly and would not subside, even after a few hours. A typical ureter colic due to urolithiasis would have caused an acute, colicky pain that would have fluctuated with time. Also, we would have seen better response to pain medication. We have added the details of the aspects of pain in the physical examination section.

4) In the imaging examinations subheading of the case presentation section, could you please state in more details what were the radiologic findings? i.e., what was the mass size? Did you perform contrast-enhanced CT scan? If yes, how did the mass appear after injecting the contrast agent? Was the mass homogenous or heterogeneous? It is better to mention these in the main text and in the related figure legend.

Thank you for this comment. A 9-cm-sized homogeneous adipose density that was not enhanced by contrast media seen on initial CT. Hematoma formation due to

retroperitoneal hemorrhage from the rupture was observed but no active bleeding or dye leakage was observed. We have added the detailed findings of the CT scans in the manuscript.

5) Could you add a figure demonstrating the laparoscopic appearance of the tumor?

Thank you. We were not able to add the figures of laparoscopic findings due to patient privacy issues.

Answers to Reviewer #3

Authors may make some suggested grammatical corrections marked in the file returned.

Thank you for review our article. We corrected the grammatical errors you have suggested.