

Dear Editor Lian-Sheng Ma:

Thank you for your letter of “Decision on Manuscript NO.69685, Case Report” and for the referee’s comments concerning our manuscript entitled “Unicentric Castleman disease was misdiagnosed as pancreatic mass: A case report”. We have carefully evaluated the reviewers’ critical comments and thoughtful suggestions, responded to these suggestions point-by-point, and revised the manuscript accordingly. All changes made in the text are in red so that they may be easily identified. Hope these will make it more acceptable for publication.

I look forward to hearing from you soon.

With all my best regards!

Sincerely yours,

Dr. Zhai

Point-by-point responses to the reviewers' comments:

To Reviewer 2:

Many thanks to your review. I have read your comments very carefully. Your suggestion are of great value, and according to your suggestions, we have revised the manuscript point by point.

1 Comment:

In the description of the case as well as in the corresponding figure legend, you write about the MRI findings: "The former revealed a mixed density nodule". This structural heterogeneity of which you speak of is not particularly evident, indeed it seems the opposite. Please clarify.

Answer:

Thank you for your suggestion. In order to show the positional relationship between the lesion and the pancreas, we chose a coronal image, and we magnified the first MRI to make the lesion look clearer. It is in page 11, line 333-356:

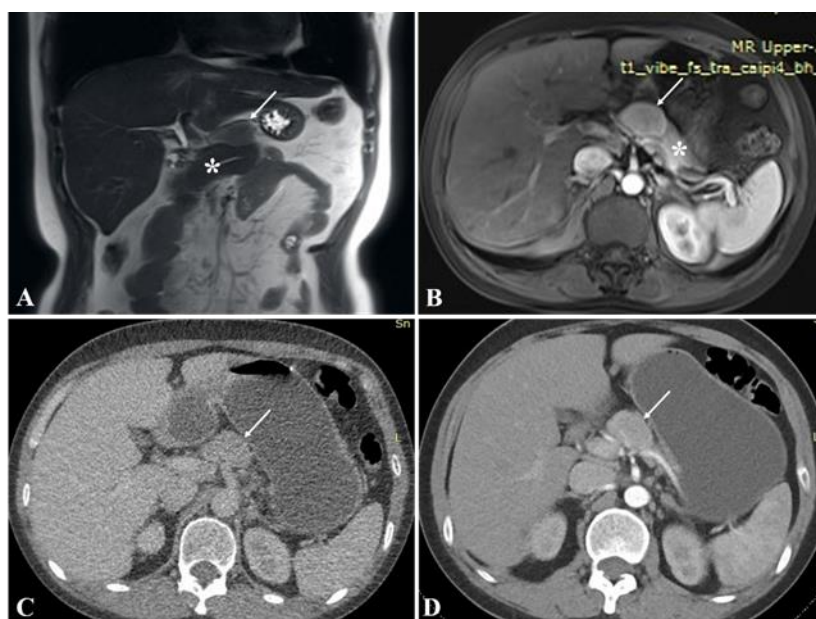


Figure 2. A. Magnetic resonance imaging showed an isointensity lesion(white arrow) located above the pancreas body(*) was clearly separated from the normal pancreas; B. CE-MRI showed the edge was enhanced in the arterial phase, and the degree of internal enhancement in each phase was lower than that of the pancreatic parenchyma; C. Computed tomography imaging showed that the mixed density nodule(white arrow) located above the pancreatic body was convex and shallowly lobulated, measuring approximately 37 mm×25 mm in maximum dimensions; D. CE-CT showed uneven progressive enhancement, and the degree of enhancement in each stage was lower than that of pancreatic parenchyma.

2 Comment:

In the imaging examinations paragraph, you write: “They all came to the conclusion that the abnormal enhancement of the upper part of the pancreatic body is a solid pseudopapillary tumor or a neuroendocrine tumor”. Please, provide a few more differential elements that allow to rule out the pancreatic adenocarcinoma.

Answer:

Many thanks to your very review. We have added a section of pancreatic adenocarcinoma on enhanced imaging to explain why pancreatic adenocarcinoma was excluded. It is in page 5, line 132-136:

Since most pancreatic adenocarcinomas are tumors with poor blood supply, they all show low enhancement on arterial phase of enhanced images. This lesion showed rich blood supply on contrast-enhanced ultrasound, enhanced MRI, and enhanced CT, so all the three images ruled out pancreatic adenocarcinoma.

3 Comment:

In differential diagnosis, it would be interesting to discuss the possibility of other rarer histotypes tumors, such as NETs. Furthermore, the possibility of synchronous tumors in the context of multiple primary malignancies (MPMs) could also be discussed.

Answer:

Thank you for your review and suggestion. In the discussion section, we added a part of differential diagnosis, which is the differential diagnosis of various pancreatic tumors by contrast-enhanced ultrasound. We have added it in page 7-8, line 214-241. The contents are as follows:

This was a case that we misdiagnosed. In this case, both enhanced CT, enhanced MRI and CEUS were initially misdiagnosed as pancreatic tumors. As to CEUS, at that time, we thought that the possibility of this mass coming from the pancreas was relatively high, and we also thought that it might be a tumor from other parts of the body. Our initial idea was to initially differentiate between benign and malignant lesions by contrast-enhanced ultrasound. The pancreatic adenocarcinoma usually present hypoenhancement on arterial phase of CEUS; Patients with focal pancreatitis had

symptoms of upper abdominal pain and digestive system, and the enhancement of focal pancreatitis was similar to normal pancreatic parenchymal, and most of them were overall synchronization isoenhancement; Patients with functional pancreatic neuroendocrine tumors would have corresponding symptoms, even non-functional pancreatic neuroendocrine tumors had abundant blood vessels. Contrast-enhanced ultrasound was characterized by high enhancement in the arterial phase earlier than normal pancreatic parenchyma, and high enhancement or equal enhancement in the venous phase. Solid pseudopapilloma tumor was composed of different proportions of cystic and solid components. Those with the dominant solidity would show significantly high enhancement in the arterial phase of contrast-enhanced ultrasound, while the enhancement in the venous phase might subside. Based on the above performance, the contrast enhancement mode of this mass was most consistent with pancreatic neuroendocrine tumors and solid pseudopapilloma tumor. However, the enhanced pattern of this was not exactly consistent with any pancreatic tumors. The patient had no symptoms, and the boundary of this tumor was very clear, the boundary with the pancreas was also very clear, so we also consider whether it was not a tumor of the pancreas. Therefore, MRI was recommended for further diagnosis.

4 Comment:

I recommend this article, which you need to discuss and cite: -Maurea S, Corvino A, Imbriaco M, Avitabile G, Mainenti P, Camera L, Galizia G, Salvatore M. Simultaneous non-functioning neuroendocrine carcinoma of the pancreas and extra-hepatic cholangiocarcinoma. A case of early diagnosis and favorable post-surgical outcome. JOP. 2011 May 6;12(3):255-8. PMID: 21546703.

Answer:

Thank you for your review and suggestion. We have added the discussion of this paper to the manuscript and as the 12th reference. It was in page 9, line 238-241 and page 10, line 305-308:

Because MRI had high accuracy in diagnosing pancreatic tumors, as in the case of pancreatic tumor reported in this article^[12], which was a non-functioning well-differentiated neuroendocrine carcinoma of the head of the pancreas with an early diagnosis using magnetic resonance imaging allowed a good outcome.

12. Maurea S, Corvino A, Imbriaco M, Avitabile G, Mainenti P, Camera L, Galizia G, Salvatore M. Simultaneous non-functioning neuroendocrine carcinoma of the pancreas and extra-hepatic cholangiocarcinoma. A case of early diagnosis and favorable post-surgical outcome. JOP. 2011;12(3):255-8. [PMID: 21546703]

5 Comment:

A linguistic revision by a native speaker is recommended

Answer:

Thank you for your review. We have made modifications according to the requirements of the magazine and the recommended professional language

institutions, and uploaded the editorial certificate to the submission system. Thank you very much!