

Response Letter

Dear Editor

Thank you for your letter regarding our manuscript entitled " Bladder Paraganglioma after Kidney Transplantation: A Case Report (no. 76717)" and for your time and effort in considering our revision. We appreciate the helpful and positive comments from you and the reviewers. The comments are very helpful for improving our manuscript. We have carefully studied the comments and revised the manuscript accordingly. The following is a point-by-point response to all comments and a list of changes we have made to the manuscript.

Reviewer #1:

1. No need to mention about symptoms which were not present.

Reply:

Thanks for the reviewer's suggestion. We have deleted the symptoms that were not present.

2. Uncommon to admit a patient after 12 years of Tx for routine PHYSICAL examination. Was it an out-patient review?

Reply:

The patient's home was in another province, so hospitalization examination was more convenient for her.

3. Use generic names not trade names.

Reply:

We thank the reviewer for pointing this out. Trade names have been replaced with generic names.

4. Please explain what does this mean.

Reply:

Her physical condition was good after transplantation. We have explained it.

5. Explain your follow-up protocol and describe if the patient did not follow that.

Reply:

The follow-up protocol included routine blood tests, serum biochemical index and tumor markers, and abdominal imaging (ultrasonography and computed tomography (CT)). The patient did follow the medical examination. We have explained the content to make it more clear.

6. What was cause of renal failure?

Reply:

The renal failure was caused by chronic nephritis.

7. Please explain?

Reply:

The patient had no bad hobbies, no smoking, no drinking, no drug abuse.

8. What is its relevance?

Reply:

We thank the reviewer for pointing out this. This section was weakly related to the case. So it was deleted.

9. Not required to mention.

Reply:

We thank the reviewer's suggestion. This part has been deleted.

10. What was the indication for tumor markers if it was routine admission.

Reply:

Because of the increased risk of tumor after transplantation, tumor markers were examined.

11. Better to give values for all investigations in table form.

Reply:

We agreed with the reviewer's comment. However the history is relatively long. And most results of previous examination was just described in the case-reporting. And the exact value cannot be obtained. So, we cannot give values for all investigations in table form.

12. Indication for CT?

Reply:

CT revealed a decrease in size of both kidneys. The result indicated nephrectia. We have explained it in the manuscript.

13. Please explain? What features suggested malignancy.

Reply:

We thank the reviewer for pointing out this. On CT scan, the shape of the tissue was irregular with indistinct edges, which suggested the possibility of malignant tumor.

14. How was it considered? Diagnostic cystoscopy? Biopsy?? If above not done explain why?

Reply:

No enhanced imaging was performed because noncontrast CT had already indicated a tumor and surgical excision was chosen for treatment. So enhanced imaging did not make much sense. We have explained it.

15. No need to mention as it should be routine practice

Reply:

We agreed with the reviewer's comment. And related content has been deleted.

Reviewer #2:

1. Generic names should be used i.e. cyclosporine and not Sandimmun, mizoribine and not Bredinin.

Reply:

We feel great thanks for the reviewer's professional review work on our article. We have made correction according to the reviewer's comment.

2. What was done in surgery? Was it only transurethral surgery? How did the authors consider the muscle infiltration? How long is the post-op follow-up?

Reply:

The patient only underwent transurethral resection of bladder tumor. The tumor was excised by electric scalpel in the surgery. It was observed that the tumor had infiltrated to the muscle layer of bladder under cystoscopy. And we have explained it in the treatment section. We have followed up the patient for 6 years after the discharge.

3. The past, family history and physical examination chapters can be deleted.

Reply:

Thank you for the reviewer's suggestion. We have deleted the the chapters of past, family history and physical examination.

Reviewer #3:

1. There are spelling and grammar issues throughout the hole manuscript - please review the manuscript with a specialised English reviewer. "And" should not be used at the beginning of sentences, there are many other connection words available.

Reply:

We thank the reviewer for the insightful comment. We have checked the spelling and grammar. Also, We have found an English native speaker with a research background to review our manuscript during revision.

2. Please use substances names rather than commercial names for drugs referred to in the manuscript, or add the registered trademark sign.

Reply:

We thank the reviewer for pointing this out. We have replaced the commercial names of drugs with the substances names. We have replaced cyclosporine for sandimmun and replaced mizoribine for bredinin.

3. The discussion section should be more centred on the present case rather than general information on paragangliomas. The conclusion section - the message is fine but it should be entirely reformulated.

We thank the reviewer for the comment and suggsetion. We have revised the discussion section to make it more centerd on the present case. Also we have re-written the conclusion section according to the reviewer's suggestion.

We wish this revision will be acceptable for publication in your journal.

Thank you for your consideration. I am looking forward to hearing from you.

Yours Sincerely,

Guangyong Chen