

March 7, 2016

Re: World Journal of Clinical Pediatrics, ESPS Manuscript NO: 17342

Manuscript Type: Review

Dear Editor-in -Chief,

We do appreciate the suggestions of reviewers for their attention to improve the quality of our manuscript. We have accepted and included all of their suggestions. Please find below our itemized response under the reviewers' comments/suggestions.

Please note, we have highlighted almost all changes made in the manuscript.

Reviewers # 1 : In the paper, " Spectrum of Intracranial Incidental Findings on Pediatric Brain MRI", S Gupta et al. present a nice and interesting overview on a phenomenon which indeed is not uncommon in daily clinical life, but for which standard operating procedures are not really available since, per definition, it is not something regular but rather implicates an irregular finding.

1. However, to me it appears not quite clear why a sinusitis or a brain tumor that were found incidentally should be treated basically different as compared to a disease that had previously been suspected.

Response: We agree.

2. And, probably not uncommon, there is an intermediate category of cases, in which, ex-post, after identification of an abnormality, some hints from the history of a patient are identified, which might have led to some suspicion in another doctor, but did not in this particular situation. If the authors comment on the "likelihood of revealing an incidental finding" (p. 12), I do not quite understand the sense of this, since incidental findings are per se unexpected.

Response: Agreed and clarification as “The MRI results are best managed at the time of planning for neuroimaging by considering the possibility of an incidental finding.” is provided on page # 12.

3. Categorizing the different situations in which incidental findings might appear in the MRI can certainly be done in many ways, however, probably does not help to make the correct decisions in an individual case. Therefore, I do not see “an obvious need for a uniform classification system” (see p. 7 of the paper). I believe that the value of this review lies rather in the description of interesting numbers and cases, not in the production of a classification, a standard operation procedure or an algorithm.

Response: Agreed, we have removed the proposed classification system Box 1 and the related text from all over manuscript.

4. Further, I do not see much sense in numbering the three less common incidental findings described in other works (Tab. 4), since they are just an accidental matter.

Response: We deleted the “three less common incidental findings” and reformatted the Table 4 and modify the text on page # 10.

5. When the authors state that “These findings in pediatric neurology practice remain significantly low (0.3%-3.4%)” (referring to incidental dangerous findings) – I would not say that 3.4% is a low number for such lesions in the normal population.

Response: To reflect the fact, we have removed the word “significant” on page 13 under section 8.4.

6. To me it appeared unexpected that vascular malformations, in particular dangerous ones, were nearly not at all described in the quoted reviews. Such disorders are not an uncommon cause of severe complications occurring suddenly, based on an abnormality that had for a long time been asymptomatic.

Response: Agreed. We added on page #10 as follows:

“Incidental vascular malformations, although uncommon, are frequently asymptomatic, which can greatly complicate the clinical management.”

In addition, Table 5 reveals some of the vascular malformation.

7. The review, as a whole, does not bring together all data collected from different papers, like a meta analysis – which would be very interesting - but just discusses a lot about possible classifications and clinical decisions that do, in my view, rather depend on the type of finding, not on whether it was found incidentally or not.

Response: We have removed the classification box and concise the discussion of clinical decisions.

8. To summarize, to me it appears that the work focuses on questions that are not so relevant since they cannot be answered in a general way anyway.

Response: True, that’s why article like this is needed to reflect the current practice. Thank you!

Reviewer # 2: Major critique: The manuscript provides an extensive, yet concised and comprehensive review on incidentally detected pediatric brain lesions. The authors put their focus on the reported variety and how to deal with these lesion.

Response: Thank you

1. A classification based on the need for referral is proposed. On the Box-1, the line between the grade 2 and 3 is somewhat blurred in terms of their meaning. In a certain case that need a follow-up, need for a specialist attention neurologic is usually there.

Response: This is also consistent with the suggestion of the first reviewer. Thus, we agreed and have deleted the Box-1.

Minor critique:

1. The submitted version is the one with track-change retained.

Response: Rechecked and removed

2. Page 24: should box 1 be listed as a Table - 2 -

Response: The box 1 is removed and is listed as a Table 2.

3. Page 27-28: Should the bar graph be listed as a Figure-1 -

Response: The bar graph is listed as a Figure-1.

4. Page 32: Shuld the Box 2 be listed as a Table instead? -

Response: corrected

5. Figures are confusing. There seem to be 3 Figures but the first Figure has no number. In addition, I cannot find this Figure-x in the manuscript.

Response: Figures are renumbered and the text has been modified to reflect the change.

Thank you to the reviewers for enhancing the quality of our manuscript.

Sincerely,

Surya Gupta, MD