

May 28, 2023

Lian-Sheng Ma, Doctor, President, and Company Editor-in-Chief

Baishideng Publishing Group Co.,

World Journal of Clinical Cases

Dear Dr. Ma,

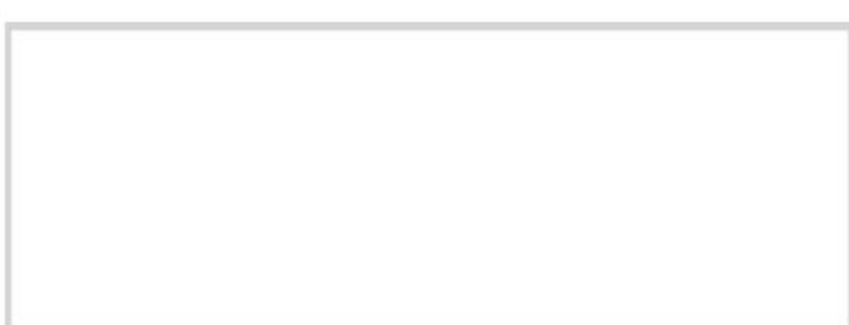
Thank you very much for the decision letter of May 25, 2023 and the Reviewer's comments for the above referred manuscript. We have revised the manuscript according to the Reviewer's comments. Changes are marked in **red** in the revised manuscript. In addition, we have provided our point-to-point response in the following pages.

We appreciate very much again for your review of the revised manuscript and consideration for publication in the outstanding journal.

Thank you for your time and consideration.

Sincerely,

Liang Chun Shih, MD



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## Response to the Editor's and Reviewer's comments

**Manuscript title: Long-term Rare Huge Sialolithiasis for 30 Years: A case report and literature review**

### Reviewer's comments:

Reviewer: 1

1. Abstract: the abstract appropriately summarize the manuscript without discrepancies between the abstract and the remainder of the manuscript
2. Keywords: adequate. Please, delete "literature review" among keywords.

#### Reply:

Thank you for the inspirational comments. We deleted "literature review" among keywords.

3. Reference: please, follow my suggestions. Paper On some aspects, the authors should address: I found no mention of salivary gland tumors, especially for the oncological risk to which patients with chronic inflammation and lithiasis are exposed. In my opinion, it is necessary at least to mention it in the discussion, including the description of most uncommon histotypes such as oncocytoma. I suggest you read and discuss the following article, which you must cite in the reference. In the suggested article, you will also find a detailed description for a correct imaging approach to the study of the salivary glands. -Diagnostic imaging of parotid gland oncocytoma: a pictorial review with emphasis on ultrasound assessment. J Ultrasound. 2021;24(3):241-247. doi:10.1007/s40477-020-00511-5 Figures: -You could increase the iconography by adding ultrasound or high-frequency US images. -If you have, you could increase the iconography by adding correlative computed tomography and magnetic resonance images.

#### Reply:

Thank you for the inspirational comments. We reviewed papers about salivary gland tumors and discuss about the differential diagnosis for benign submandibular tumors includes pleomorphic adenoma, Warthin's tumor and oncocytomas based on their histopathological characteristics. Your advice and suggestion is very helpful for us to relies our limitation. Thus, we read and

discussed about the necessary of radiologic imaging in diagnose salivary gland abnormalities in the discussion panel. Once again, thank you for your affirmation and encouragement.

*‘Moreover, regarding to the oncological risk to which patients with chronic inflammation and lithiasis are expose<sup>[26]</sup>, we also reviewed some papers about salivary gland tumors. Most salivary gland tumors arise in the parotid gland (70%), followed by minor salivary glands (22%) and submandibular glands (8%)<sup>[27]</sup>. The differential diagnosis for benign submandibular tumors includes pleomorphic adenoma, Warthin's tumor and oncocytomas. Their histopathological characteristics are the point that can distinguish them. Pleomorphic adenomas are characterized by the thick and irregularly marginated capsules<sup>[28,29]</sup>. Unlike oncocytomas, which have thin capsules and have monomorphic oncocytes without mitoses and necrosis<sup>[29,30]</sup>. While lymphatic population is the common cytology and histology of Warthin's tumor<sup>[28,29]</sup>. Histopathological examination of our patient does not present the above characteristics, and the characteristics of malignant transformation include local invasion into muscular, perineural, and lymphatic structures as well as microscopic features including nuclear atypia, cellular polymorphism, mitoses, and focal necrosis were absent too. Thus, salivary gland tumor was ruling out.*

*Due to the similarities in clinical presentation of benign salivary tumors and submandibular sialolithiasis, radiologic imaging is essential in distinguishing between the two entities. Ultrasound is recommended for initial assessment of salivary gland abnormalities, but it is insufficient as the information of surrounding structures cannot be provided. Its accuracy in the identification of salivary benign lesions can be increased by using elastography or contrast-enhanced ultrasound, but the EFSUMB do not recommend contrast-enhanced ultrasound for the characterization of salivary gland lesions in clinical practice. Thus, further studies are needed to investigate the diagnostic role of contrast-enhanced ultrasound and elastography in salivary gland lesion evaluation. Corvino A and colleagues described the utility of computed tomography (CT) and magnetic resonance imaging (MRI) in the initial staging, histologic grading of salivary gland malignancies and preoperative planning. Besides, positron emission tomography with F-*

*18 fluorodeoxyglucose (PET-FDG) is useful in the evaluation and clinical management of head and neck lesions. ' (Please see Page7, Lines27-Page8, Lines23)*

Reviewer #2:

1. The manuscript includes a case report and literature review of submandibular gland giant stone. It is a well written case report and review of the salivary gland giant stones, it will be accepted for publication

Reply:

Thank you for the inspirational comments. We really appreciate your affirmation and encouragement.