BRIGHTSARTECH, INC.
23102 MEADOW MIST ROAD
CLARKSBURG, MARYLAND 20871
WWW.BRIGHTSTARTECHINC.COM

May 28, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 17729-review.doc).
Title: Two case reports of bilateral adrenal myelolipomas
Author: Yu Yang, Linyang Ye, Bo Yu, Jiaxiang Guo, Qian Liu, Yun Chen
Name of Journal: *World Journal of Clinical Cases*
ESPS Manuscript NO: 17729

The manuscript has been improved according to the reviewers' and editor's suggestions:

1 Format has been updated.

2 Revision has been made according to the suggestions of the reviewers:

Reviewer 02510721:
Why the adrenalectomy for myelolipoma should be lifesaving? In my opinion this is not the correct definition. In the discussion should be helpful to define more fully the chain of the surgery. The adrenal myelolipoma can not give symptoms of adrenal dysfunction, therefore the surgical indication is related to the size of the lesion.

(1) We have deleted the "lifesaving" and replaced it by "safe and beneficial" (Page 3, paragraph 1 and Page 12, paragraph 3).
(2) We define more the chain of the surgery in the discussion (Page 13, paragraph 1 and 3)
(3) We have deleted the words related to symptoms of adrenal dysfunction caused by adrenal myelolipoma from this revised manuscript. The surgical indication is indeed related to the size of the lesion.
(4) We really appreciate your valuable comments.

Reviewer 00731613:
At the outset, the authors are requested to rectify certain typographical errors which are present in the manuscript. The authors are requested to incorporate literature data concerning other reported cases of bilateral adrenal myelolipoma in respect to investigative and surgical methods. This will be helpful in determining the appropriate diagnostic and treatment modalities. In discussion a note on prognosis and associated complications can be mentioned. In the case report, the authors are requested to add follow up data for both the cases (whatever is available) In case report, What was the reason for hospital admission for patient A? (In the manuscript, the diagnosis is mentioned) In respect to the investigations in patient A,

contradictory statements are mentioned in last paragraph of page 3 and second paragraph of page 4. While it is mentioned in page 3 that "two masses were noted on both right and left sides"; in page 4 that after surgery the left adrenal gland was free of the mass but a hyperechoic mass was located on the right side. Kindly clarify on whether the two lesions were simultaneously detected or were they detected at different times? What were the factors considered in deciding which side would be operated first? Was size of the lesion a factor?

(1) We have corrected typographical errors in the manuscript.

(2) We have cited some reported cases of bilateral adrenal myelolipoma in the revised manuscript (Reference 6, 9, 10 and 16). This will help compare the various clinical investigative and surgical methods of bilateral adrenal myelolipoma.

(3) We have added a note on prognosis and associated complications in discussion (Page 10, paragraph 4).

(4) We have added the section "Post-treatment follow-up" in the revised manuscript (Page 8, paragraph 2 and Page 10, paragraph 3).

(5) We have described the reason for hospital admission for patient A (Page 5, paragraph 2).

(6) Regarding the contradictory statements are mentioned in last paragraph of page 3 and second paragraph of page 4, we explain as follows:
Before surgery, two masses were found on both the right and adrenal glands of Patient A. In first stage of surgery, a conventional open adrenalectomy was employed to remove only the left adrenal myelolipoma. Because we didn't resect the myelolipoma in the right adrenal gland in the first stage, the right adrenal myelolipoma still existed in the patient's body. Therefore, a hyperechoic mass was found by B-mode ultrasonography scanning in the right adrenal gland, but no hyperechoic mass was found on the left side (because the left adrenal myelolipoma had already been removed). The right adrenal myelolipoma was removed through laparoscopic adrenalectomy in second stage of surgery (10 months later). We are sorry for the confusion.

(7) We have clarified that the two lesions were simultaneously detected by diagnostic imaging examinations (Page 6, paragraph 2).

(8) The size and grade of the lesion are the important factors considered in deciding which side would be operated first. An adrenal tumor, which is greater than 6 cm in diameter or is very likely to grow quickly from its imaging characteristics, should be resected first through conventional open adrenalectomy. For an adrenal tumor smaller than 6 cm in diameter, laparoscopic adrenalectomy is generally recommended because this procedure provides patients with a faster recovery and less post-operative pain. We have added some explanations to the revised manuscript so that readers can easily understand how to decide which side should be operated first (Page 13, paragraph 1 and 3).

(9) We would like to thank you for your valuable comments.

3 References were corrected

Thank you again for publishing our manuscript in the *World Journal of Clinical Cases*.

Sincerely yours,

Yun Chen, MD. PhD.
BrightstarTech, Inc.
Tel: 301-318-3442
Fax: 301-944-3548
Email: yun.chen@brightstartechinc.com