



April 22, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2820-review.doc).

**Title:** A case of mucosa-associated lymphoid tissue lymphoma of the gastrointestinal tract showing extensive plasma cell differentiation with prominent Russell bodies

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Comments and amendments for the Reviewers

We would like to thank for the reviewers and editors for the valuable comments, suggestions and their times to our manuscript. All the changes were highlighted.

Reviewer #1

Major comments

1. Regarding the differential diagnosis.

This case was reviewed and discussed several specialized pathologist. Although the pathological diagnosis of present case is very difficult and remains controversial because of its rarity, pathological debate in this case is restricted in MALT lymphoma V.S. plasmacytoma. Other lymphoid neoplasm does not fit in this case. Our opinion for the pathological diagnosis is already documented in manuscript. We believe the most important point is that to understand the nature of tumor that B-cell neoplasm showing extremely plasmacytic differentiation with production of numerous Russell bodies and that to record it accurately in database of medical literature.

2. Regarding association about MALT lymphoma and T-PLL.

We are also interested in this issue but it remains unknown. Autopsy might provide some information for it but it was not permitted. We expect accumulation of similar cases and it will be revealed in the future.

3. Regarding the terms in Endoscopic study.

As reviewer's suggestion, "atypical erosion" is replaced by "color-faded cobble-stone like erosion"

4. Regarding the expression about CD20

As reviewer pointed out, the tumor lack expression of CD20 instead expressed CD79a and CD138. This means the tumor cell distinctly differentiated for plasma cells. It is well-known issue among pathologists.

5. Regarding additional data of chromoendoscopy and narrow band imaging

The chromoendoscopy and narrow band imaging was not performed in this case, regrettably.

6. Regarding capsule endoscopy and CT finding in small bowel

The capsule endoscopy was not performed and CT revealed no specific finding.

7. Regarding genetic tests

Genetic tests were not performed in clinical course. As autopsy was not permitted, available sample is only tiny biopsy specimen which could not bear extraction of DNA. Therefore we could not carry out genetic tests, regrettably.

8. Regarding the patients symptom

We cannot refer whether the patient's symptoms depended on MALT lymphoma or not because spread of tumor is unknown.

9. Regarding H. pylori infection

H. pylori infection was not checked by clinician. The patient has already died therefore we performed pathological evaluation for H. pylori infection.

10. Regarding LEL

LEL was not apparent the biopsy specimen. If LEL was apparent, we could easily make diagnosis of MALT lymphoma. It is often experienced LEL is unclear in tiny biopsy specimens even in the case of typical MALT lymphoma by daily pathological work.

Minor comments

1. Regarding the endoscopic picture of rectum

The figure of erosion in rectum was non-specific therefore we consider additional figure of endoscopic picture of rectum provides no academic advantage.

2. Regarding thyroid lesion

Thyroid lesion was not detected clinically. We were also interested and wanted to examine if autopsy was permitted.

Reviewer #2

No reply is needed. We are also interested in prevalence, clinical behavior and genetics in similar cases and expected in accumulation of case reports. We would thank the reviewer for his time and attention.

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

Sincerely yours,

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