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May 2016

Dear Editor,



Title: Incidentally Detected Hydatid Cyst of the Adrenal Gland: A Case Report

Author: Sami Akbulut

Name of Journal: *World Journal of Clinical Cases*

ESPS Manuscript NO: 25174

The manuscript has been improved according to the suggestions of reviewers:

1 Revision has been made according to the suggestions of the reviewer

Reviewer (03105713)

1-It is a nice work except for a few missing: **Thank you for your comment**

2-Patient had a toxic goiter it was a Graves disease or Toxic nodular goiter?: **Toxic multinodular goiter.**

3-Why you prefer two stage surgery? Is thyroidectomy necessary or radioactive iodine could be tried? Such questions may arise in the reader minds you should discuss these questions too. **All options were discussed with the patient. Our priority was to save our patient from hyperthyroidism and related clinical manifestation.**

Reviewer (00503228)

In the case report, you diagnosed the patient's thyroid state as toxic multinodular goiter; but your patient had exophthalmia. The only thyroid state that gives exophthalmia is Graves, and TMG would never present with ophthalmopathy! Moreover, In your case fT4 was even below the lower limit of normal, and fT3 was near it. TSH was low; but it is known that steroids can reduce TSH levels, could it be explained by the patient's adrenal state? I am trying to explain all the patient's symptoms with one diagnosis. Were the patient's "hyperthyroid" symptoms actually due to the cyst's impression on the adrenal and hormone release? Because low TSH, Low fT3 and low fT4 is more indicative of a central hypothyroidism. **Dear reviewer thank you for your valuable comment. Primary aim of this study was to present a case of hydatid cyst of the adrenal gland. Unfortunately blood and/or urine steroid levels were not studied in these patients. Honestly, we dont think that there is an association between hyperthyroidism, clinical symptoms and hydatid cyst's impression on the adrenal gland.**



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We just have to do some tests to rule out pheochromocytoma.

Abdominal CT revealed a 150x120 cm" You mean 150*120 "mm" don't you? **Yes 150*120 mm**

Why you directly went to thyroidectomy and not a less invasive approach? **All options were discussed with the patient. Our priority was to save our patient from hyperthyroidism and related clinical manifestation.**

Have you any idea that if the patient's hypertension improved or not after the surgery? **We have detected some drop in the patient's blood pressure. But still use the anti-hypertensive drug. On the other hand, tachycardia completely resolved.**

Reviewer (00503315)

Interesting case report about an uncommon problem.

1. Highlighting the main or core message: **Hydatid disease rarely occurs in the adrenal glands. When a cystic lesion is detected in the adrenal glands, hydatid cyst disease should be considered in differential diagnosis, particularly in patients living in endemic areas**
2. Clarifying the second sentence under the case report and stating categorically the size of the lesion - several different measurements are given! **The reason for this difference is due to different diagnostic methods such as ultrasonography, computed tomography and PET/CT imaging.**
3. Giving the full meaning of PAIR when first used in the script: **Was made**
4. Explaining why partial cyst excision was adopted in this case: **To protect the right adrenal glands**
5. Shortening the Discussion considerably: **Was made**
6. Avoiding the use of personal pronouns: **Thank you and sorry for this condition**

3 References and typesetting were corrected

4 According to your advice, paper re-organized as topic highlight.

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

Sincerely yours,

Sami Akbulut, Assos Prof, FICS, FACS
Department of Surgery
Liver Transplant Institute
Inonu University Faculty of Medicine



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ESPS JOURNAL EDITOR-IN-CHIEF'S REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 25174

Title: Incidentally detected hydatid cyst of the adrenal gland: A case report

Journal Editor-in-Chief (Associate Editor): Jan Jacques Michiels

Country: China

Editorial Director: Xiu-Xia Song

Date sent for review: 2016-05-27 16:26

Date reviewed: 2016-05-31 19:16

| ACADEMIC CONTENT EVALUATION | LANGUAGE QUALITY EVALUATION | CONCLUSION |
|---|---|--|
| <input type="checkbox"/> Grade A: Excellent | <input type="checkbox"/> Grade A: Priority publishing | <input type="checkbox"/> Accept |
| <input type="checkbox"/> Grade B: Very good | <input checked="" type="checkbox"/> Grade B: Minor language polishing | <input type="checkbox"/> High priority for publication |
| <input checked="" type="checkbox"/> Grade C: Good | <input type="checkbox"/> Grade C: A great deal of language polishing | <input checked="" type="checkbox"/> Revision |
| <input type="checkbox"/> Grade D: Fair | | |
| <input type="checkbox"/> Grade E: Poor | <input type="checkbox"/> Grade D: Rejected | <input type="checkbox"/> Rejection |

JOURNAL EDITOR-IN-CHIEF (ASSOCIATE EDITOR) COMMENTS TO AUTHORS

I have carefully read the manuscript entitled: Incidentally detected hydatid cyst of the adrenal gland: A case report.

The paper is focussed on:

Hydatid cysts are a zoonotic disease that can involve many organs and tissues in the human body but primarily involve the liver and lungs. Of the main organs, adrenal glands are those seldom affected by hydatid cysts.

The purpose of this study is to present a case with an incidentally detected hydatid cyst of the right adrenal gland on computed tomography treated with albendazole because of a positive echinococcus IgG ELISA test on top of a toxic multinodular thyroid goiter for which thyroidectomy was indicated.

The quality of this article is low, confusing and confounding.

The authors should expail why they did not perform PAIR of laparoscopic aspiration, but did performme open abdominal surgery plus cholecystecmy??????

Response: Dear Editor thank you for your positive comment about our case presentation. According to your suggestion, we make a few ccorrection on the text. I think there is a misunderstanding about surgical approach. We not performed cholecystectomy in our case. We only performed partial cystectomy. To the best of our knowledge, there is no study in the literature about the use of PAIR in



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treating adrenal hydatid cyst disease, except for the case report of Okan Akhan who is known to be experienced in the radiologic treatment of hydatid cyst. We have given usage of PAIR in detail in the discussion section. Also, due to a lack of our experience regarding laparoscopic adrenal surgery, we preferred open surgery.

The Abstract information is awfully bad. I have serious major comments not to publish such an article with a complete lack of clinical and scientific significance.

Response: According to your suggestion, abstract section re-written

With Best Wishes