Manuscript ID: 53531
Title: Extensive Multifocal and Pleomorphic Lesions in Waldenström's Macroglobulinemia via Pulmonary CT Imaging: A Case Report
Name of Journal: World Journal of Clinical Cases

Response to Reviewers' comments

Dear Editor,

We thank you for your careful consideration of our manuscript. We appreciate your response and overall positive initial feedback and made modifications to improve the manuscript. After carefully reviewing the comments made by the Reviewers, we have modified the manuscript to improve the presentation of our case presentation and discussion, therefore providing a complete context for the research that may be of interest to your readers.

We hope that you will find the revised paper suitable for publication, and we look forward to contributing to your journal. Please do not hesitate to contact us with other questions or concerns regarding the manuscript.

Best regards,

Shen Jian-liang

Reviewer #1

This is a report of instructive practical case the author experienced. The physicians that may encounter the same kind of course will benefit from the option of differential diagnosis when they detected peculiar CT findings. Figure 2 and 3 should be the same frame, especially Congo red staining of Fig.1 HE picture will be helpful. Does homogeneous eosinophilic portion of the bronchial tissue contain no Amyloid?

Response: We thank the Reviewer for the comments. Indeed, we agree that Figures 2 and 3 were not necessarily from the same frame. We now provide new figures, as below. Figure 2 shows the CT-guided percutaneous pulmonary biopsy was performed in the left lower lobe of the lung with pulmonary consolidation and indicated that the alveolar structure disappeared and that a large amount of amyloid-like deposition was present along with the infiltration of very few lymphocytes and plasma cells. Figure 3 shows the examination by Congo-red staining revealing the Congo-red-positive amyloid deposits in these biopsy specimens.

We were wondering if the Reviewer meant Figure 2 instead of Figure 1, since Figure 1 is the chest CT examination that indicated multiple pulmonary cavities in the upper lobes of both lungs with pulmonary consolidation, ground-glass opacities, patchy infiltrates, fibrous bands, large bullae, and enlarged lymph nodes in the mediastinum.

Since we have now provided new figures, there is no bronchial tissue in the new Figure 2 or Figure 3. In the original figures, the homogeneous eosinophilic portion of the bronchial tissue contained amyloid.

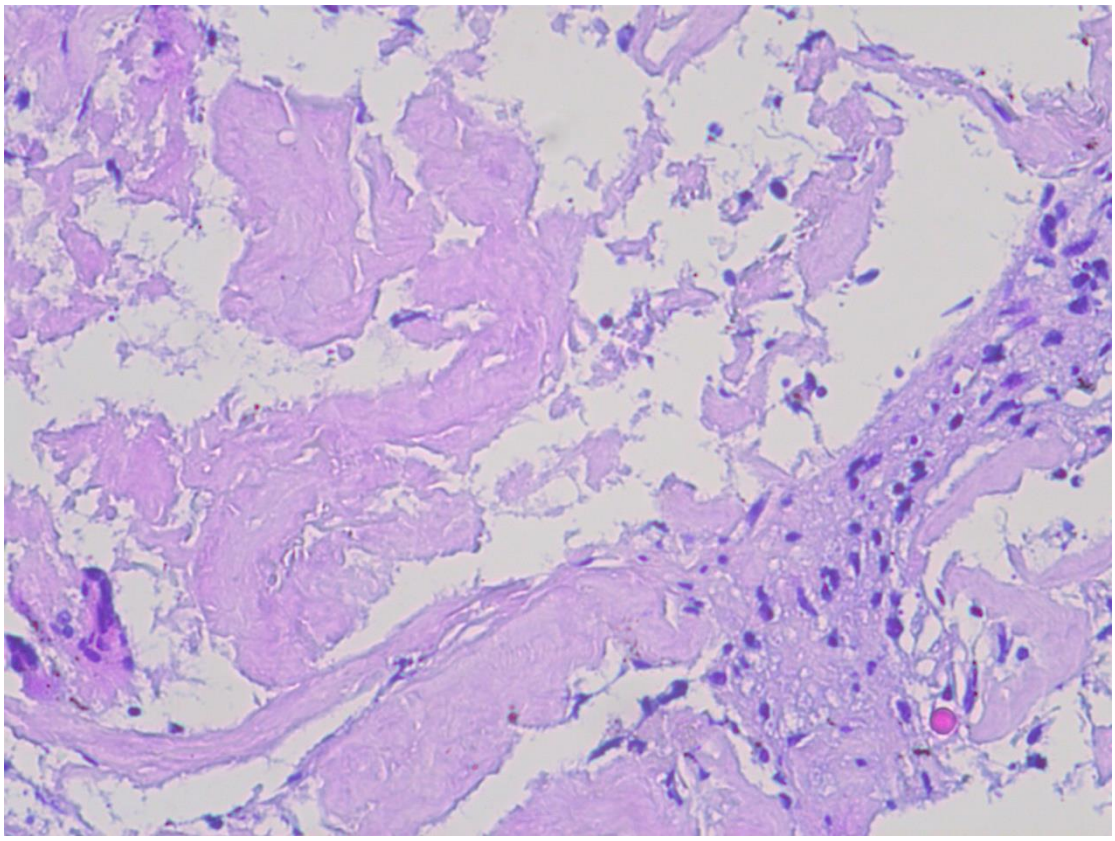

Figure 2. Evaluation of needle punch biopsy specimens by hematoxylin-eosin staining. The specimens were fixed in 10% formaldehyde solution for 6 h, followed by dehydration, transparency, waxing, and sectioning for 4-μm sections. The sections were stained by hematoxylin-eosin and were then observed under a light microscope (BX40, Olympus). A large amount of amyloid-like deposition was detected under alveolar epithelial cells (magnification, ×200).

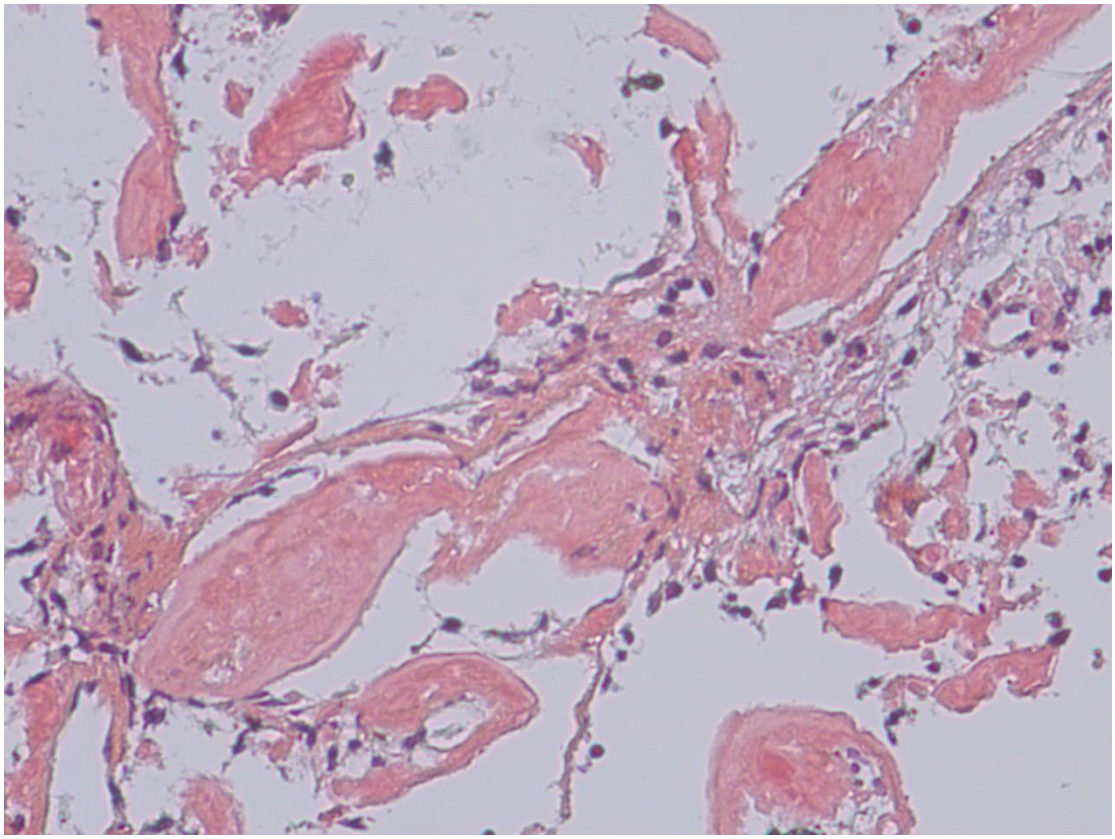

Figure 3. Evaluation of needle punch biopsy specimens stained with Congo-red and showing amyloid deposition (magnification, ×200).

Reviewer #2

A subset of patients with Waldenstrom Macroglobulinemia (WM) demonstrates extramedullary involvement, and the most frequent extramedullary disease sites involved are the lungs (30%) [Banwait R, Aljawai Y, Cappuccio J, McDiarmid S, Morgan EA, Leblebjian H, Roccaro AM, Laubach J, Castillo JJ, Paba-Prada C, Treon S, Redd R, Weller E, Ghobrial IM. Extramedullary Waldenström macroglobulinemia. Am J Hematol. 2015 Feb;90(2):100-4. doi: 10.1002/ajh.23880]. Therefore, the case report entitled "Extensive multifocal and pleomorphic lesions in Waldenström's Macroglobulinemia via Pulmonary CT Imaging: a Case report" is worthy to be published. Only a few points to discuss. I would change the title in "Extensive multifocal and pleomorphic pulmonary lesions in Waldenström's Macroglobulinemia: a Case report". Then I wonder if some of the lesions described could be ascribed to smoking history.

Response: We thank The Reviewer for his/her recommendation and recognition. We proofread and revised the manuscript according to your suggestions. The title was changed, as suggested. We added: "A subset of patients with WM demonstrates extramedullary involvement, and the most frequent extramedullary disease sites involved are the lungs (30%) [1]." We also added: "Yet, there is still a possibility that some of the lesions described could be ascribed to the patient's heavy smoking history."

References

1. Banwait R, Aljawai Y, Cappuccio J, McDiarmid S, Morgan EA, Leblebjian H, et al. (2015) Extramedullary Waldenstrom macroglobulinemia. Am J Hematol 90: 100-104.