

Peer Review File

Article Information: <https://dx.doi.org/10.21037/gs-22-290>

Round 1:

Reviewer A

The authors reported about paratesticular fibrous pseudotumor with histological features of IgG4-related disease.

Comment 1: Please correct “Keywords”. It should be erased “pseudotumour” and “case report”.

Reply 1: we have removed “pseudotumor” and “case report” from keywords

Changes in the text: page 1, line 22

Comment 2: The title included the sentence “up-to-date review of the literature”. What was up-to-date? Even if I read the discussion, there was no novel description.

Reply 2: we agree with the reviewer and removed the sentence “up to date”

Changes in the text: page 1, line 3

Comment 3: The authors described preoperative MRI image, but why is there no MRI image figures? There are only figures of pathology, but the authors should choose the adequate figures for the journal of surgery.

Reply 3: we have add an MRI image

Changes in the text: page 5, line 15

Comment 4: The manuscript requires a slight linguistic correction

Reply 4: we have reviewed English language

Comment 5: Recently, similar report has been published.

Garber ME, Wu A, Millet JD. IgG4-related disease presenting as a solitary paratesticular fibrous pseudotumor. Urol Case Rep. 2021; 27; 36: 101584.

Reviewer B

ABSTRACT:

Comment 1: After a lengthy discussion and review of the literature of a possible relationship between PFP and IgG4-RD, the authors concluded that "PFP is an extremely rare condition with uncertain etiology" . So what is the purpose of the report? To add 2 new cases of PFP with increase of IgG4 plasma cells to the literature? That sounds like the authors even did not believe that PFP should belong the spectrum of IgG4-RD.

Also the conclusion that "surgical treatment is feasible and safe after mid-term follow up" is too general and lack specificity. The authors should specified what type of surgery and elaborate more of this conclusion.

Reply 1: The purpose of the report is to analyze two cases of a rare condition and underline as a conservative treatment is feasible and safe. A solid testicular or paratesticular mass greater than 1 cm is generally treated with orchidectomy. In this case a conservative treatment has been feasible and safe

INTRODUCTION:

Comment 2: The first paragraph needs references to support the data.

Reply 2: we add a reference

Comment 3: Page 4, line 3: the authors need to be more accurate in citing the conditions associated with IgG4-RD (not just sclerosing pancreatitis or cholangitis).

Reply 3: the paragraph is preceded by some sentences who describe this condition

Comment 4: Page 4, Line 7: WHO classification of what organ?

Reply 4: Classification of Tumours of the Urinary System and Male Genital Organs-Part A: Renal, Penile, and Testicular Tumours. We have add into the text

Changes in the text: page 4, line 7

DISCUSSION:

Comment 5: The authors in reference 8 described 3 morphologic types of PFP. What morphologic type is related to IgG4-RD in the authors' opinion?

Comment 6: Page 8, line 24: what is the main size of PFP reported in the literature?

Comment 7: Page 11, line 17-18"Unfortunately, there was no clinical correlation to determine if both patients had other manifestation of IgG4-RD". Were image studies of the abdomen or chest performed?

FIGURES:

Comment 8: In my opinion, the authors should provide at least an H&E figure of both tumors for comparison.

Reply 8: two presented cases are comparable in terms of histologic characteristics

Comment 9: Overall: many spelling and grammar mistakes

Reply 9: we have reviewed English language

Reviewer C

Comment 1: If there is a association between PFP and IgG4-related disease, it would be better to add a discussion on whether diagnostic treatment with steroids would be considered when PFP is suspected on preoperative MRI.

Reply 1: PFP have not a specific characteristics at MRI, why considered steroids (long term) therapy when a conservative surgical treatment is feseable?

Reviewer D

Reporting IgG4-RD of scrotum is acceptable from an enlightened perspective. However, the following revisions are needed.

Keywords

Comment 1: Since “Pseudotumor” is written twice, reduce it to one.

Reply 1: removed

Changes in the text: page 1, line 22

Case presentation

Comment 2: The results of the imaging studies should be shown in the figure.

Reply 2: we have add an MRI image

Changes in the text: page 5, line 15

Comment 3: The presence or absence of IgG4RD findings in other organs should be noted in case presentation.

Reply 3: introduction chapter contains a description if other clinical implication of IgG4 disorders

Comment 4: Biopsy of the mass before surgery was not considered?

Reply 4: percutaneous biopsy is not safe in case of suspicious testicular cancer and surgical biopsy in our opinion is not considerable when a sparing surgery is feseable

Discussion

Comment 5: IgG-4RD is reported to occur in multiple organs. What percentage of cases with scrotal occurrence has been reported to have multiple organ occurrence?

Reply 5: the rarity of this conditions does not allow to obtain this data

Comment 6: Please summarize the “review of the literature” in a table. Only those with confirmed diagnosis of IgG4-RD in the last 10 years or so.

Reviewer E

Comment 1: The author experienced two case of fibrous pseudotumor with histological features of IgG4-related disease successfully spared testis. To begin with, IgG4 related disease arising in gonadal glands is very rare entity. Therefore, the information of clinical course and characteristics of imaging study was limited. Information as to the imaging of this disease is one of the most important points, and it is not satisfied in this article. Therefore, this report is not worth publishing in this journal.

Reply 1: we agree with reviewer about the rarity of this condition and the necessity to improve information, we have added radiological imaging in order to improve the quality of the paper.

Round 2:

Reviewer A

Comment 1: PFP is an extremely rare condition with uncertain etiology. This is a very unsatisfying conclusion.

The authors should at least try to be more assertive in the conclusion such as a subset of PDF might represent IgG4 -related disease.

In reference 8, 3 morphologic types of PFP were described. What morphologic type is related to IgG4-RD in the authors' opinion? If the authors review the morphology of the 3 morphologic types of PFP in that article, the authors would find out what subset is most likely related to IgG4-related disease.

Reply 1: We have modified and extended the conclusions of the paper (abstract)

Comment 2: Need improvement in English.

Not quite sure the authors answered all my questions in a satisfyingly way.

Reply 2: English has been improved

Reviewer B

Comment: I accept this paper at this time, but if you are unable to respond to the questions, be sure to clearly indicate the reason for your inability to respond.