

Peer Review File

Article information: <http://dx.doi.org/10.21037/fomm-20-87>

Reviewer A:

Comment 1: The title is “Clinical and histopathological manifestations of 17 cases of minor salivary glands sialolithiasis”, and the individual data such as age, gender, anesthesia method and therapeutic regimen were collected for analysis. In my opinion, the name and analyzed data are incompatible. There is a lack of information about the complaints and course of the disease and the results of treatment / recurrences (clinical manifestations) for each case. I did not find the analysis of the anesthesia method in the text of the article.

Reply 1: Thanks for the reviewer’s question. The information about the anesthesia method and the results of treatment / recurrences (clinical manifestations) for each case has been added as “All the patients had undergone an excision under general anesthesia and were recovery after surgery” (page 3, line 10). We are sorry to say that we don’t have the detailed information about the complaints and course of the disease of each patient.

Comment 2: Line 40-41: "Sialadenitis, mucocele, fibroma, pleomorphic adenoma and hemangioma is the most common wrong diagnoses for MSGS patients.." - please provide references where this data comes from. If it is the authors' observations, it should be in "Results".

Reply 2: Thanks for the reviewer’s question. The references were added as “(5, 6)” (page 2, line 4).

Comment 3: Line 57: the word "Generally..." is not appropriate for scientific style. If

this applies to most of the cases, please provide other minority situations. The M&M chapter should be described in detail.

Reply 3: Thanks for the reviewer's question. The word "Generally" has been deleted (page 2, line 29).

Comment 4: Line 68" the word "Briefly.." is not appropriate for scientific style. The Results chapter should be described in detail.

Reply 4: Thanks for the reviewer's question. The word "Briefly.." has been replaced by "In detail, .." (page 3, line 2).

Comment 5: Line 70: instead of the sentence "The patients were mainly male (n = 12; 70.6%), with only 5 female patients (29.4%)" just write F:M - 5:12.

Reply 5: Thanks for the reviewer's question. The sentence has been modified as "In gender, male predisposition was found in these cases (Female:Male = 5:12)" (page 3, line 4).

Comment 6: Line 73-74: How is the diagnosis of "sialadenitis, mucocele, fibroma, pleomorphic adenoma and hemangioma .." made? Visual assessment? Hist-pat? BACC? Ultrasound? X-ray? CT?

Reply 6: Thanks for the reviewer's question. The diagnosis has been added as "The diagnoses were made by visual assessment or X-ray" (page 3, line 8 to 9).

Comment 7: Line 83-86: If this is the author's data, it should be included in Results. If from bibliography - You should add the references. The sentence "Clinical and histological information of these cases was analyzed." remove, it follows from the

M&M chapter.

Reply 7: Thanks for the reviewer's question. Our data in the discussion has been deleted (page 3, line 19). The sentence "Clinical and histological information of these cases was analyzed." has been removed (page 3, line 20).

Comment 8: Line 90: "which accorded with the previous studies" - which specifically studies?

Reply 8: Thanks for the reviewer's question. The references has been added as "(3,5)" (page 3, line 24).

Comment 9: Line 91: "The etiology of MSGS is still unclear"; Line 105: "similar to chronic obstructive sialadenitis", but in Line 113: "MSGS is a kind of chronic infectious disease". And I disagree with the term "infectious". Is it contagious?

Reply 9: Thanks for the reviewer's question. The word "infectious" has been deleted (page 3, line 42).

Comment 10: Line 123-144: Leave the sentence "MSGS should be distinguished from mucocele, fibroma, malignant or benign tumors of accessory parotid gland, submucosal foreign substances and sialadenitis". The rest can be removed because it does not concern the research topic. If it is a review the authors have to change the title of the article.

Reply 10: Thanks for the reviewer's question. In this part, we aimed to discuss the differential diagnosis between MSGS and other diseases in detail, to help clinicians diagnose more correctly to provide precise treatment for patients. However, we have simplified this part according to the reviewer's suggestion (page 4, line 9 to 21).

Comment 11: Line 156-157: "Antibiotic treatment against infection should be performed first.." Is this data from the literature or is it the authors' suggestion? I propose to avoid the statement as fact, just a guess.

Reply 11: Thanks for the reviewer's question. The sentence "Antibiotic treatment against infection should be performed first.." has been deleted (page 4, line 35).

Reviewer B:

Introduction:

Comment 1: In third phrase, MSGS is always misdiagnosed... always should be changed to could or usually.

Reply 1: Thanks for the reviewer's question. The word "always" has been modified as "usually" (page 2, line 1)

Comment 2: A small resume of the main symptoms produced by sialolithiasis could be helpful for the reader understanding of the disease. Some of this information is now in the discussion part

Reply 2: Thanks for the reviewer's question. The main symptoms produced by sialolithiasis has been added as "The common clinical manifestation of MSGS is a nodular, hard or tender lump with good mobility" (page 1, line 41 to page 2, line 1).

Comment 3: Etiology and calcium crystallization could be placed here better than in the discussion.

Reply 3: Thanks for the reviewer's question. Etiology and calcium crystallization has been added in the instruction as "The etiology of MSGS is still unclear. Recent study found that sialoliths formation could be divided into two phases: crystallization phase and growing phase. During the crystallization stage, disequilibrium of electrolyte leads

to changes of solubility of calcium and phosphorus, calcium deposit gradually, combining with mucopolysaccharide to form calcified core. In the growing stage, inorganic and organic components deposit layer by layer and sialolith form gradually. In the crystallization stage, calcium-permeated phosphorite and calcium oxalate are located in the calcification front and can be further converted into apatite crystal structure, which is more stable (7). ” (page 2, line 5 to line 12).

Results:

Comment 1: Any information about imaging techniques, such as ultrasound or magnetic resonance, if you have it could be very interesting too. Probably ultrasound can demonstrate the calcium of some related cyst..

Reply 1: Thanks for the reviewer’s question. We are sorry to say that, few clinicians made a imaging test before treatment, so the information of the patients’ imaging test was little. We have added this limitation in the discussion as “Admittedly, the limitation of the study is that few clinicians made a imaging test before treatment. So the information of the patients’ imaging test was little” (page 4, line 31 to 32).

Comment 2: Include information about the clinical onset of the patients would be also interesting.

Reply 2: Thanks for the reviewer’s question. The information about the anesthesia method and the results of treatment / recurrences (clinical manifestations) for each case has been added as “All the patients had undergone an excision under general anesthesia and were recovery after surgery” (page 3, line 9). We are sorry to say that we don’t have the detailed information about the complaints and course of the disease of each patient.

Discussion:

Comment 1: Discussion is too long in comparison with the introduction, some information could be placed in the introduction part

Reply 1: Thanks for the reviewer's question. The discussion has been simplified and some information has been placed in the introduction part.

Comment 2: One limitation of the study is the criteria to choose the patients included into this review, mainly patients who when to surgery.

Reply 2: Thanks for the reviewer's question. The criteria to choose the patients included to this review has been written in the Material and methods as "Histopathology diagnoses ranging from 2001 to 2019 were obtained from the Shanghai Ninth People's Hospital affiliated to the medical college of Shanghai Jiaotong university. All diagnoses containing the key words "minor salivary gland" and "sialolithiasis" were collected. MSGS diagnosis was verified only when sialoliths existed in the minor salivary gland" (page 2, line 31 to 34).

Reviewer C:

Comment 1: Multiple larger-sized case series were omitted from the references, including Brazao-Silva Gen Dent 2014 (25 cases) and Anneroth Int J Oral Surg 1983 (49 cases). In 2005, Lagha (Oral Surg Oral Med Oral Pathol) reviewed the literature and identified 239 cases of sialolithiasis of the minor salivary glands. It might be a stronger manuscript to provide an extensive literature review of these cases and others, as well as adding the authors' cases, creating a larger database to delineate clinicopathologic characterizations. Then the manuscript would be a stronger contribution worthy of publication.

Reply 1: Thanks for the reviewer's question. We have cited these three articles to make our manuscript to be worthy of publication and we have tried our best to cover the results of these three articles in the manuscript. We will make further efforts to revise

the article for publication.