**Reviewer reply:**

**Reviewer one:**

Language revision was done, corrections for reviewer one done in red color -

-Title replaced according your recommendations into

Coincidental detection of adenocarcinoma of palate and pleomorphic adenoma of parotid gland - a case report.

In the abstract, it was added, that a pleomorphic adenoma detected in-  
the parotid gland.

-Radiotherapy should focus on the adenocarcinoma, it was added in the abstract that perineural invasion is associated with PAC and not PA.

Kämmerer et al,Misleading initial histological diagnosis of a polymorphous low-grade adenocarcinoma in situ ex pleomorphic adenoma - A case report13(2):99-103 · March 2009.

Was added in discussion section.to explain different pathology of two lesions

The conclusions are not novel-

How does this case contribute to the readers knowledge?

MRI examination is not a protocol in work-up of all salivary tumors, especially benign one. In addition many surgeons consider CT rather MRI which is inferior in detection of soft tissue tumors and high marrow signal as a sign of early bone involvement.

According to

AJNR Am J Neuroradiol. . Moonis G1, Patel P, Koshkareva Y, Newman J, Loevner LA. Imaging characteristics of recurrent pleomorphic adenoma of the parotid gland. 2007 Sep;28(8):1532-6..

**Accordingly:**

-The surgeon should anticipate multiple salivary tumors in the same individual especially if patient has higher risk factors (smoking, old age).

-Another added value in this case is limitation of clinical assessment (palpation) in detection of early or deeply seated masses, where MRI examination is mandatory for exclusion.

These two points were clearly mentioned in the abstract section.

-Why did the authors decide to use an obturator as microvascular reconstruction would have shown more favorable results?

-The palatal tumor PAC is malignant one with reasonable recurrence rate.

- Opturator as an immediate prosthetic reconstruction is feasible, allow better follow-up and detection of recurrence if happened.

-Patient refuses further surgical interventions other than parotidectomy and palatal bone resection.

This explanation was clearly added to discussion section

MRI is superior to CT in soft tissue diagnosis whereas bone-  
involvement can be detected more easily using CT. Also, the higher costs and  
the worse availability of MRI should be taken into consideration.

Rational for use of MRI in this case was

-more accurate detection of nodal involvement since the palatal mass was diagnosed as PAC, where CT could not differentiate between reactive and metastatic neck LNS.

-Higher bone marrow signals indicate early bone invasion which could not be detected by CT.

-MRI could report perineural invasion which is characteristic for PAC.

Please discuss advantages and disadvantages of fine needle-  
aspiration, especially in case of salivary gland neoplasms.

FNAC can achieve high specificity and diagnostic accuracy (89% and 85%) in diagnosis of parotid tumors, however it is technique sensitive. Sensitivity for detecting malignancy has been reported between 70% and 80%. The diagnostic accuracy and specificity of FNAC can be increased significantly when used in conjunction with a cytology and Image guidance. This was clearly added to discussion section with reference

Sananda Haldar, Joseph D Sinnott, Kemal M Tekeli, Samuel S Turner, and David C Howlett. Biopsy of parotid masses: Review of current techniques. World J Radiol. 2016 May 28; 8(5): 501–505.

The newer literature indicates, that superficial (lateral) parotidectomy for-  
pleomorphic adenoma could be an overtreatment as enucleation (dissection  
within the tissue) shows similar results. Please discuss.

Pleomorphic adenoma is characterized by the presence of microscopic extensions protruding beyond pseudocapsule or by capsular penetration. Simple enucleation of pleomorphic adenoma is associated with high recurrence rates, between 8% and 45%, which is reduced to less than 5% with superficial parotidectomy and further down to 0.4% with total parotidectomy. Accordingly we adopt superficial parotidectomy in the presented case report, which was stated clearly in the discussion section.

As stated clearly by:

Arch Craniofac Surg. 2016 Jun; 17(2): 90–92. Soo Yeon Park, Ki-Taik Han, Min-Cheol Kim, and Jin Soo Lim. Recurrent Pleomorphic Adenoma of the Parotid Gland, 2016 Jun; 17(2): 90–92.

Zbaren P, Vander Poorten, V, Witt RL, et al. Pleomorphic adenoma of the parotid: formal parotidectomy or limited surgery? Am J Surg 2013;205: 109–118

Reviewer #2:

Major revisions was done and English language were improved.

Instructions for authors specific for this journal should be followed