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Reply to Letter to the Editor

We read the comments by Fumio Ide with great concern. Let us try to make our position clear on the subject. Ectomesenchymal chondromyxoid tumor (ECT) is indeed a distinct benign tumor. When we said that ECT is a diagnosis of exclusion, we were referring to histological exclusion of other differential diagnosis. The differential diagnosis of cartilaginous choristoma and extraskeletal myxoid chondroma were indeed considered and excluded on morphology as clearly mentioned in the case report. Thus, our case is not an ordinary chondromyxoid tumor of palate.

The second objection seems to be that the lesion reported is in an unusual site. This is the precise reason for reporting our case. Fumio Ide also concedes that similar lesions have been described in other sites in peer reviewed setting.

The third premise for criticizing our case report is that we have ignored the unique microscopic appearance of ECT. As far as we are concerned, we have described all the unique diagnostic features in our case report, which have been described in other reports of ECT, viz. presence of un-encapsulated lobular proliferation of round to polygonal and stellate cells in chondromyxoid matrix, occasional binucleate cells, and proliferating capillaries.

Sometimes, we come across a situation where immunohistochemistry cannot be performed, and then we have to rely on microscopic appearance of the lesions. We concede that immunohistochemistry could not be carried out, for which the reason is also given in the text. Immunohistochemistry would have cleared all the doubts, if any.

We were always clear in our concepts of microscopic appearance of ECT and hence had suggested the names of authors of benchmark report as one of the referees.

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