Reviewer's report

Title: Polymyositis complicating pancreatic adenocarcinoma treated with corticosteroids along with cancer specific treatment: case report

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Reviewer: Albert Selva-O’Callaghan

Reviewer’s report:

This is a well written Case Report of a patient diagnosed with cancer (adenocarcinoma of the pancreas)-associated myositis with some interesting messages. Nevertheless, there are some issues that need to be clarified or corrected before publication.

Major Compulsory Revisions

Abstract

Background

• I am not sure that “complicated” is the correct word, probably it will be more appropriate “associated”.

• The poor prognosis of cancer associated myositis lies mainly in the tumour, not in the associated polymyositis. Moreover, it is difficult to ascertain the glucocorticoids resistance in this setting, because some cases are treated with chemotherapy which has obviously immunosuppressive effects. Thus, the sentence “…polymyositis is usually resistant to glucocorticoids and confers poor outcome” should be rewritten

Case Presentation

• When after 6 months the pancreatic cancer relapsed, did the polymyositis also relapse? This information will be of great interest and it is, besides the temporal relationship between cancer and polymyositis (less than 3 years interval), another issue that reinforce the paraneoplastic nature of myositis.

Introduction

• Pag. 3, line 2. Again in opinion of this reviewer the sentence “In the later setting (it means malignancy), most patients are refractory to glucocorticoids” is not absolutely right and should be deleted or may be fully explained (taking into account that some patients improve after chemotherapy, because its immunosuppressive effect or because the tumour –trigger- is cured)

Case presentation

• Pag 3, last line. Biopsy of the right quadriceps muscle…It would be of interest to better describe the lymphocytic infiltrate. It was perynisial and perivascular or endomyisial? Detection of CD8/MHC-I complex would be also of interest to
confirm the diagnosis of polymyositis. Unfortunately, it is well known that polymyositis is an overdiagnosed entity, so it is important to be more precise on histological grounds. Autoantibody screening would be of interest in dermatomyositis or not paraneoplastic myositis but probably not in paraneoplastic polymyositis as it seems to be the case herein reported.

- The sentence: “Intravenous methylprednisolone was initiated at dose of 125 mg daily for two days and then was switched to oral methylprednisolone 16 mg daily” is confuse. Does it mean that methylprednisolone was switched “immediately”, at the third day to 16 mg daily or after several months? Please clarify this issue.

Discussion

Page 6, paragraph 2, line 4. In the opinion of the reviewer there is not enough data to state that “…malignancy being a cause of failed response to glucocorticoids”. This sentence suggest that if a patient do not respond to glucocorticoids it means that occult cancer is the cause of polymyositis. It is not my experience. I suggest deleting this sentence.

- Even the case reported is a polymyositis, not dermatomyositis, authors should comment the relevance of the recently described autoantibodies against a protein of 155 KD (anti-p155) which antigen is TIF-1. This autoantibody seems to a reliable marker of cancer in patients with dermatomyositis

Thus, the main message that “paraneoplastic polymyositis, that usually do not respond to glucocorticoids, occasionally do as the case reported” has to be changed to “It is difficult to evaluate the clinical response of paraneoplastic polymyositis to immunosuppressive therapy i.e. glucocorticoids, because of chemotherapy (with immunosuppressant effects) or the fact that the cancer –trigger- improves could also play a role in the response to therapy. Even though, a trial with glucocorticoids will be of benefit in combination with cancer specific treatment, as is the case presented ”

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

'I declare that I have no competing interests'