Reviewer's report

Title: An unusual presentation of multiple cavitated lung metastases from colon carcinoma.

Version: 1 Date: 26 January 2011

Reviewer: mariangela massaccesi

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Major Compulsory Revisions

1) As stated by the authors, differential diagnostic hypotheses of lung cavitary lesion include infective conditions either bacterial or fungal in origin, rheumatoid nodules and vasculitic processes, lymphomas and all metastatic diseases from a distal primary tumor. In this case, the first diagnostic hypothesis was an infective disease. Recently Wafa Allam (BMC Medical Imaging 2010,10:13) suggested that metastatic causes of excavated pulmonary nodules are rare but must be considered in patients with a history of neoplastic disease, since some cases have been described so far. This was the case of a person with a recent history of loco-regionally advanced colon cancer, without any predisposing factor for fungal infection (since it’s no clearly specified, I assume that the patient had no signs of immune-compromission, no significant pulmonary co-morbidities), and without any clinical/laboratory signs of infective disease (the patient was asymptomatic and, since it’s no clearly specified, I assume that blood test which may indicate inflammation. i.e. white cell count, plasma viscosity and C-reactive protein were normal). Why an infective disease was considered more likely than lung metastases?

2) How many time has passed from the radiographic finding of pulmonary nodules and the cytological/histological diagnosis of pulmonary metastases?

3) More details about the case history should be provided: type of surgery, number of lymph-nodes removed, follow up protocol, immune status of the patient, results of blood test which may indicate inflammation. i.e. white cell count, plasma viscosity and C-reactive protein.

4) A great importance in the discussion section is given to the lepidic pattern of growth of pulmonary metastases. Is there any evidences supporting a lepidic pattern of growth for cavitory lesions?

Minor Essential Revisions

1) Following sentence is not clear. “Moreover their atypical presentation causes difficulty in diagnosis, particularly because there was not a widespread metastatic disease”. I think that the word “because” should be substituted with “when,” and the word “was” with “is”.
2) In the following sentence (case history section) “A CT-scan (Figure 1a) confirmed the presence of multiple lung lesions mainly measuring lower than 1cm with colliquative central necrosis”, the word “lower” should be substituted with “less”.

3) Check the exactness of the references.

Discretionary Revisions

1) Images of cytological/histological specimen would enhance the quality of the manuscript

2) I would remove from the discussion section the paragraph about the decision to administer Raltitrexed as adjuvant chemotherapy instead of Fluorouracil, because this is not the topic of the case report. I would synthesize this paragraph and relocate it in the case history section.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**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