Reviewer's report

Title: Atypical Presentation of Hepatocellular Carcinoma: A Mass on the Left Thoracal Wall

Version: 1 Date: 10 August 2004

Reviewer: Shivaani Kummar

Reviewer's report:

General
The authors present an interesting case. In my opinion, a more detailed discussion will be helpful. The issues to mention are:

1) diffuse-type HCC-as no liver biopsy was performed, the diagnosis was based on presence of portal vein thrombosis. The elevated AFP could have been secondary to an HCC arising in an ectopic liver. Any specific radiologic features that were felt to indicate the this is HCC in the liver and not just cirrhosis. Ref: HCC of diffuse type: MR findings and clinical manifestations. J Magn Reson Imaging. 2003 18(2):189-195.

2) Ectopic liver with hepatocarcinogenesis-this could present such a case, which is usually treated with surgical resection and has a good prognosis. Ref: Ectopic liver and hepatocarcinogenesis: report of 3 cases with 4 years f/u. Eur J Gastroentrol Hepatol 2004 16(8) 731-735.

3) The authors mention that brain is a common site of HCC metastasis which is not entirely accurate. In a review of 3100 cases presented by Kim et al (J Neurooncol 1998;36:85-90) the incidence of CNS mets was 0.6%. A recent review on metastatic HCC with brain met: Metastatic HCC. Kummar S, Shafi NQ. Clincial Oncology 2003;15:288-294.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

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What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

None.