Reviewer's report

Title: Immunohistochemical investigations in an uncommon variant of scleromyxoedema: Case report

Version: 1 Date: 7 June 2004

Reviewer: Konstantin Krasagakis

Reviewer's report:

General

The present report describes a case with features of lichen myxoedematosus progressed to scleromyxoedema. As the most important findings of the paper have been suggested the immunohistochemical investigations accompanying the other routine clinical and laboratory investigations.

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

It is not clear why the case represents an uncommon variant of scleromyxoedema. The authors should explain this in the discussion.

The immunohistochemical findings should be shown in a greater extend, since this has been suggested as a major point of the paper.

Figure 2 is not necessary. Findings of ultrasonography are presented sufficiently otherwise in the paper. Instead of this, it is preferable to demonstrate some of the findings of the immunohistochemistry as figure, and especially those related with mast cell tryptase, Ki-67 and FGF-receptor. Also, the authors do not speculate on some of their immunohistochemical findings (i.e. mast cell tryptase and CD4+ cells). The paper could also gain in quality, if it could be provided a stain for B cells in the inflammatory infiltrate, or a stain for kappa chains.

Page 5, line 4: The authors should not use abbreviations for the description of the findings of serum electrophoresis, i.e. what means alpha-2 or gamma?

Page 5, line 7: The findings of blood smear cytological evaluation need further clarification. The authors should explain what they mean by "beginning qualitative but still no quantitative changes".

Page 5, line 9: The authors state that bone marrow biopsies provided evidence for MGUS. What was the reactive lymphoid infiltration providing evidence for MGUS without morphological characteristics of a plasmacytoma?

Phrases such as "stable clinical outcome without improvement" (page 2), "insufficient low dose methotrexate" (page 3) or "our patient experienced an adequate acceptance" (page 5), or "no further improvement could be evaluated while skin status appeared to be stable" (page 5), "to interrupt the obvious therapy-resistant potency of this interesting case" (page 9) and several others need to be improved. The manuscript should be thoroughly read by the authors again and improved.

What next?: Reject because too small an advance to publish in any journal
Level of interest: An article of limited interest

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

Statistical review: No

Declaration of competing interests:

None