Reviewer's report

Title: Case Report: Giant Perineal Keloids.

Version: 4 Date: 14 November 2005

Reviewer: Ardeshir Bayat

Reviewer's report:

General
Thank you for asking me to review this manuscript again. Although this manuscript still fails to add anything significant to the body of literature already in existence regarding treatment of keloid disease, it may highlight the use of radiotherapy in management of difficult cases of keloid scarring in rarely affected anatomical sites.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1- Please remove the following confusing terms such as keloidal and keloidosis and replace simply with "keloid".
2- Please expand on the use of the term spontaneous: in all my clinical practice here and abroad, I have not come across any spontaneous form of keloid scarring. Virtually every keloid patient after careful questioning has been able to recall the history of some form of minor trauma preceding the onset of keloid scar formation.
   Has this female patient had any history of minor trauma such as skin abrasions following shaving etc to account for this? If there is genuine lack of recollection, then the authors must emphasize this relevant point!
3- How soon after surgery did the authors initiate radiotherapy, when exactly was the first dose of radiation given?
   For instance, some units prefer to start within 24 hours, others wait longer and some even give a pre-operative dose. Further elaboration and discussion on this relevant issue is required.
4- Are the patient's other keloid scars different in shape and appearance to the one in the perineal area. This is an important point as different morphology impacts on biological/clinical behaviour and response to therapy. It seems that her other keloids have returned and have required further radiation and as her follow-up has only been for 10 month, it is possible that her perineal keloid scars may recur too. Therefore how many times are the authors going to continue to treat the relatively young (34 year old lady) with radiotherapy!
5- How many treatment sessions would you consider as being safe to give radiotherapy to such patients?
6- Are there any risks associated with radiotherapy to keloid scars? e.g. of skin cancer developing later!
7- Do you therefore provide long term or indefinite follow-up?
8- Any contraindications in managing keloid scars, i.e. should radiotherapy be avoided in any certain anatomical areas, or age groups?

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

Discretionary Revisions (which the author can choose to ignore)
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 limited interest

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

'I declare that I have no competing interests'