Reviewer's report

Title: Pleomorphic adenoma of the nasopharynx: a rare case with therapeutic misadventure

Version: 2 Date: 4 December 2009

Reviewer: George J Bosl

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I have reviewed the manuscript and the comments of the reviewer. The authors are to be commended for their admission of error. I note the following important sentence in the text regarding the cytologic diagnosis: "A fine needle aspiration biopsy (FNAB) of the mass was done intra-orally and microscopic examination revealed a poor smear with scanty cells. The pathologist suggested the possibility of a squamous cell carcinoma and advised a direct biopsy for definitive diagnosis." Hence, the treating physicians did, in fact, receive a recommendation from the pathologist for a more definitive diagnosis, which is not what lesson #2 suggests: "The Pathologist should always examine the slides thoroughly before making a diagnosis and especially of carcinoma. Diagnosis should not be made in scanty and poor cytology." The clinicians are clearly at fault, not the pathologist, and there should be no suggestion that the cytologic/pathologic diagnosis was misleading.

I looked at the images that were available. I believe that it is impossible to tell whether the tumor is of primary nasopharyngeal origin. If one accepts that the mucosa above the soft palate is the nasopharynx, then I believe one can technically argue that the primary site could be nasoopharyngeal. The images do show the alveolar ridge, so it is hard to tell for me, who is a non-radiologist, to determine the most likely primary site. The presenting symptoms (aural fullness, etc) are consistent with a nasopharyngeal origin, and the tumor DOES involve the nasopharynx.

If the primary site is the principal reason for accepting or rejecting this paper, then I suggest that a neuroradiologist review all of the films. If the central reason for accepting or rejecting the paper is the key teaching point for the need for a proper biopsy, then whether the tumor is a primary nasopharynx tumor of some type is a secondary but not relevant issue. One could qualify the language a bit and say that the tumor could be of nasopharyngeal origin, and simply emphasize the keys teaching points.