Reviewer's report

Title: Intranodal palisaded myofibroblastoma originating from retroperitoneum: An unusual origin.

Version: 1 Date: 21 March 2011

Reviewer: Gaetano Magro

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The paper needs major revision:

1) The paper needs an improvement of the language. In this regard I suggest a native-speaker of English as a reader of the text. This is a crucial point because there are many misspelling and grammatical errors.

2) INTRODUCTION- last sentence: The authors should say that they discuss the clinicopathologic features of this rare case but not its aetiology and pathogenesis because they do not provide any evidence in this regard.

3) MICROSCOPIC FINDINGS: the authors should say that “the cells….fascicles, exhibiting areas that were reminiscent of AntonyA/Antony B area as commonly seen in typical schwannoma”.

4) MICROSCOPIC FINDINGS: the authors do not mention about the presence or not of “amianthoid fibers “ in their case. Why? Amianthoid fibers, albeit not pathognomonic, are a diagnostic clue of intranodal palisaded myofibroblastoma. The figures should be more convincing.

   Please insert a low/intermediate magnification of a figure clearly showing the fascicular pattern of the tumor. Additionally, I suggest a figure illustrating amianthoid fibres (if any present).

5) IMMUNOHISTOCHEMICAL STAINING: Ciclin D1 has been reported in intranodal palisaded myofibroblastoma. Why didn’t the authors test this antibody in your case. Please correct: cytokeratins.

6) IMMUNOHISTOCHEMICAL STAINING: Why didn’t the authors include ALK-1 protein in their immunohistochemical panel? This marker is helpful in ruling out inflammatory myofibroblastic tumor.

7) DISCUSSION: The authors included in the differential diagnosis the angiomymomatous hamartoma of the lymph node but they do not discuss this entity. Based on their figures, I think this is the main differential diagnosis.

8) DISCUSSION: When the authors discuss about Kaposi’s sarcoma, there is no mention about the antibodies against HHV8, a highly sensitive and specific immunohistochemical marker for this type of sarcoma.
9) DISCUSSION: The differential diagnosis with inflammatory myofibroblastic tumor is not adequate. Please, discuss better and more extensively the morphological features of the above mentioned tumor, including the possibility that most of these cases express ALK-1 protein.