**Reviewer's report**

**Title:** Leontiasis ossea and post traumatic cervical cord contusion in polyostotic fibrous dysplasia

**Version:** 1  **Date:** 7 March 2006

**Reviewer:** Richard H Schmidt

**Reviewer's report:**

**General**

The authors present a case report of a young male patient with severe polyostotic fibrous dysplasia and pronounced leonine facies who suffered a cervical spinal cord contusion in a bicycle accident. The authors represent that he has diffuse spinal involvement with fibrous dysplasia, causing cervical canal stenosis as a contributory factor in his spinal cord injury. Such diffuse spinal involvement would be highly unusual.

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

Further documentation of the nature and the extent of spinal involvement should be presented, including axial MRI images, and also preferably cervical CT scans and plain x-rays. On the MRI image included with this manuscript the dysplastic changes of the spinal column are not readily apparent - it appears that perhaps the patient has the far more prevalent situation of a congenitally narrow spinal canal due to short pedicles. Moreover, other possible causes of the spinal cord contusion have not been excluded such as fracture or ligamentous injury with consequent spinal instability.

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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)**

There is inconsistency between the abstract and text as to hyperflexion vs. hyperextension injury which should be fixed.

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**Discretionary Revisions (which the author can choose to ignore)**

It would increase the education value of the paper to include more review and discussion of the following: radiologic features on CT, x-ray and MRI of fibrous dysplasia in the spine; incidence of spinal involvement in patients with polyostotic fibrous dysplasia, its relative distribution in the spine and types of clinical presentation (pain, fracture, myelopathy, radiculopathy), and brief discussion of treatment.

**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