Reviewer's report

Title: Ectopic internal carotid artery presenting as an oropharyngeal mass

Version: 1 Date: 11 June 2007

Reviewer: Edoardo Vicenzini

Reviewer's report:

General

Authors report the case of a patient with internal carotid artery course abnormality and with clinical symptoms of dysphagia and posterior oropharynx oedema. Internal carotid artery course variations (such as kinking, coiling) are though very common, usually diagnosed with EcoColor Doppler and their presence, when isolated, may not be considered as pathological per se. Namely, internal carotid kinking or coilings or internal carotid hypoplasia are not to be submitted to surgical correction. They may assume important relevance in the case of an internal carotid plaque (i.e.) with a subsequent kinking or coiling after the lesion, that must be related to the surgeon to identify the correct procedure, or in any other neck surgical procedure.

-----------------------------------------------------------------------------------

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

1) Authors refer such course variation as being noteworthy, but it should be underlined what is the real role of such "abnormalities" in clinical practice. Also, I question if these coilings and kinkings have to be considered as real "abnormalities" or simpy referred to as "variations".
2) How was the EcoColor Doppler of supraortic vessels in this patients? Were there any flux abnormalities in the right ICA? Has baeen a EcoColor Doppler performed? and, if no, why? Authors report MRI and CT as being gold standard, and, surely, I may agree, but the evaluation of carotid vessels with ECD is easy to perform, quick anc gives important other important information that MRI and CT do not provide (velocimetry, haemodynamics). Of course I understand the fact that a neck imaging should have been done but also a simple vascular imaging technique could have be of help.
3) the text is long to describe the case: only the two last paragraphs of the discussion express authors thought about the case, in which they criticize the medical and surgical approach to this patien. But actually, we are talking of only one patient, with internal carotid tortuosity showing edema in the oropharynx. I would shorten the embriogenic section in the discussion, as well as the aplasia-hypoplasia section that is not case of the present report.

-----------------------------------------------------------------------------------

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

1) I would reduce figure to only a one file with two projections indicating clearly with arrows the course of the internal carotid artery Authors consider
2) Spelling and Language should be edited.

-----------------------------------------------------------------------------------

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: Not suitable for publication unless extensively edited