Reviewer's report

Title: An unusual case of giant cell myocarditis missed in a Heartmate-2 left ventricle apical-wedge section: a case report and review of the literature.

Version: 1 Date: 30 September 2012

Reviewer: Jonathan Howlett

Reviewer's report:

Review of Anderson et al:
The authors provide an interesting case of heart failure due to acute myocarditis of uncertain etiology. In this case, which ultimately proved fatal despite heroic medical efforts, an initial diagnosis of lymphocytic myocarditis was revised (or followed by) to giant cell myocarditis. The authors describe the case and the accompanying difficulties in ascertaining the proper diagnosis.

Overall, the case is relatively novel and serves as a very good platform on which discussion of the diagnostic criteria for GCM vs. other forms of myocarditis may take place. While it is unclear if the case is completely novel, the presentation, taken together with the discussion represents a significant addition to the literature and will provide a good reference for future scholars. I will therefore focus on comments intended to improve the paper:

1) There are many instances of improper use of the plural form (giant cells myocarditis vs. giant cell myocarditis, several other examples), as well as awkward phraseology. In addition, several phrases are superfluous and may be eliminated (such as 'in this patient') since they serve only to lengthen the paper.

2) There is a lot of repetition - such as a recap of clinical questions for example. This repetition should be minimized. Overall a careful proofreading will improve readability.

3) While I must admit that it is possible the case may represent a 'missed' giant cell myocarditis, I think it unlikely that such a dramatic presentation with severe LV dysfunction would occur and still not exhibit any evidence of giant cells in an LV core specimen. I could see missing GCM in a relatively small RV biopsy (especially since the same portion of the RV tends to be biopsied) but not a large core. I think it would help if the authors were to discuss the differential diagnosis with a little more detail. For instance, why could this not be a granulomatous myocarditis. Could this have been a secondary lymphoma with recurrence and the granulomas seen on the RV biopsy specimen represent a response to infection or to inotropic drugs (which has I believe been reported). While this may not have been the case, it is this discussion which I think will add the most value to the case as opposed to only the novelty of the presentation.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

no conflicts of any type.