Reviewer's report

**Title:** Distinctive spinal changes in two patients with unusual forms of autosomal dominant endosteal hyperostosis: two case reports

**Version:** 4 **Date:** 1 August 2007

**Reviewer:** Wim van Hul

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: No

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: No

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

**Comments to authors:**

**General**

This manuscript reports on two patients with an autosomal dominant endosteal hyperostosis but, unlike other cases, increased fracture rate. The diagnosis remains unclear but is, as described by the authors, clearly different from Van Buchem disease or other endosteal hyperostoses.

Revisions necessary for publication

In reviewing the manuscript, together with our radiologist, following comments can be made:

- It would be interesting to include genetic data to exclude other endosteal hyperostoses.
- The radiographic abnormalities (hyperostosis of the skull and femur) in the child are very questionable.
- Fractures -as a unique feature of this case report- are not shown! Is there more
than 1 fracture in patient 1 as mentioned in the discussion but not in the case description.

- The ankylosis, as decribed by the authors- on the AP radiograph of the T-L spine is not clear. It would be preferable to include a lateral view of the spine to demonstrate spinal fusion (if any).

- A more detailed description of the radiographic/CT technique is preferable in the figure legends:

  e.g. Fig. 5. Sagittal reformated MPR image;
  Fig. 6. To my eye, this represents a radial reconstruction of a denta scan; Please clarify!
  Fig. 7. This is a coronal reformatted MPR image!

- Arrows should be placed to pinpoint at the radiographic abnormalities.

**What next?:** Accept after minor revisions

**Quality of written English:** Acceptable