Reviewer’s report

Title: Thyroglossal duct cyst carcinoma with concurrent thyroid carcinoma: a case report.

Version: 4 Date: 11 December 2007

Reviewer: Saleh Aldasouqi

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: An unexpected event in the course of observing or treating a patient

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Comments to authors:

General: The case is worth publication, but needs revision. The language and grammar need thorough edition, and there are few typos.

Specific comments:

1. It is not clear from the manuscript how many lymph nodes were involved with metastasis, and it would be helpful if anatomical zones are included in describing the lymph node assessment for metastasis.

2. There is a clear lacking of comprehensive literature search, in order to be accurate about making strong statements: The authors state that: Carcinoma arising in this tract is an uncommon… and not more than 155 cases have been reported but that is not correct, or at least incomplete. We published a paper in 1996 (Aldasouqi S, et al. The Endocrinologist 1996:6:238-244), in which we documented 246 cases, including 3 from our case series. Furthermore, I wrote a letter in 2002 (Aldasouqi S. The Endocrine Practice 2002;8:137), about another paper by Moncet et al (The Endocrine Practice 2001;7:463-466) to correct their stats. With the latter paper (3 cases) and a prior one by Heshmati et al from Mayo Clinic (12 cases), additional 15
cases would be added to our paper, making the total cases 261 cases up to 2002. I have not checked the literature thereafter, but clearly, the number by now should be way above the 150 cases as stated by the authors. Therefore, they should either not commit themselves to specific stats data, acknowledging the known rarity of the condition, or be more accurate in their literature review.

3. It could be a terminology locally used in Italy, but I have not previously heard the term **radiometabolic therapy**, referring to radioactive iodine therapy?

4. The staging used, TNM, is a bit unusual to me (pT4b N1a M0 G2). I may probably have not known this one, but as applied to the thyroid, the three parameters (T, N, M) are usually utilized. If the additional symbols the authors used are not that commonly applied, they should define these abbreviations, especially p, b, a, and G.

**What next?:** Revise and resubmit

**Quality of written English:** Not suitable for publication unless extensively edited