Reviewer's report

Title: Servelle-Martorell Syndrome With Extensive Upper Limb Involvement - A Case Report

Version: 5 Date: 13 February 2008

Reviewer: Michael Carmont

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?: Yes

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?: Yes

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

Comments to authors:

Further to my last review the authors have clearly tried to improve the paper. There are still a number of problems with the English used particularly with the case report section. I will list these in detail below together with my recommendations.

Abstract.
In the 3rd sentence â##There will beâ## is unnecessary and should be omitted. The fifth sentence should feature proximal to explain why this is unique. Followed by â##Only comparatively minimally involved upper limb cases have been described in the English literature.

In the introduction the word â##imagingsâ## is still used despite my specific recommendation to change this in the first review. To see this again was disappointing and suggests that the authors have not taken my review seriously however I appreciate those oversights can happen. The final sentence of the introduction is very poor English indeed. Simply say â##SM has been rarely reported within the English literature.â##
The first few sentences of the case report are also very poor. The authors have tried to improve this section but a better description may be as follows:

A 21 year male presented with an enlarged upper limb and functional difficulty. The arm had been larger than the opposite limb since birth and was occasionally painful and swollen. The pain and swelling was worse when hanging the limb down. Close examination showed multiple separate swollen areas over the whole of the arm and shoulder girdle. These differed in size, were soft and compressible and significantly decreased in size with elevation. The right arm was shorter than the left and this reduction in length was due to overall shortening rather than localised shortening within a particular section of the limb. The arm muscles and muscles of the limb girdle were atrophic.

Please use strength rather than power.

The elbow flexed fully but had restriction of extension being held in a position of 80 degrees of fixed flexion. The cardiovascular system was normal.

The discussion has been improved but I would like to recommend a few changes. I suspect the alternative term is ectatic rather than ecstatic. The penultimate sentence needs improving.

Please use the sentence These may be frequently and incorrectly termed cavernous haemangiomas.

Rather than the diagnosis is from clinical features for most cases, but a simple

Perhaps use In the majority of cases the diagnosis is made from the clinical features. A simple radiograph may reveal phleboliths

Arteriography etc could be replaced by:
Arteriography and phlebography is needed in SM angiodysplasia to demonstrate the ecstatic regions of the involved vessels, whereas only phlebography may be needed in KT.

And further on re: management
Non operative management is adequate for most patients with SM syndrome. This includes

Finally:
Sclerotherapy with local injection of 95% alcohol or sodium tetradecyl sulphur 1% may be used for small lesions. Surgical resection may then be performed following successful obliteration.

What next?: Revise and resubmit

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