Reviewer's report

Title: Rapidly progressive dementia and Parkinsonim as a gliomatosis cerebri's initial clinical presentation in a 82 year old patient. A case report

Version: 4 Date: 6 December 2007

Reviewer: David S Geldmacher

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?: 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

Duron and colleagues report a case of rapidly progressive dementia with Parkinsonism associated with gliomatosis cerebri. It is an unusual case and generally meets the criteria for the types of case sought by JNCR.

The results of the CT brain scan are not reported; they should be. Ideally a CT image should be presented as well as the MR image. The usefulness of MR image would be enhanced if multiple levels and/or multiple imaging sequences were included.

The statement on page 4 that rapid progression and executive dysfunction are not suggestive of dementia with Lewy bodies is not supported by the literature. Several cases of very rapidly progressive DLB have been reported (see Armstrong et al, Neurology 1991;41:1178 and Momjian-Mayor et al, Movement Disorders 2006;21:1748 for examples). The discussion would be enhanced by mention of this well-recognized phenomenon and clinical differentiating factors from the reported case.
The anatomic explanations suggested on page 4-5 are unduly simplified. The basal ganglia are part of a complex network that connects with frontal and brainstem structures. Disruption of the connecting fibers in the white matter is an important contributor to parkinsonism. The authors are referred to standard texts on this topic such as Lichter and Cummings, "Frontal-Subcortical Circuits in Psychiatric and Neurological Disorders (2001)." The implication that it is ironic that parkinsonism is frequently due non-basal ganglia lesions fails to reflect that neuronal tumors are nearly nonexistent and the basal ganglia are neuron-rich (gray matter) structures.

Revisions necessary for publication

There remain some awkward translations to English. "Tumoral" would be better substituted with “neoplastic” or “tumor-related”

The abstract and introduction suffer from identical phrasing. The introduction should complement and enlarge upon the abstract, not repeat it.

What next?: Accept after minor revisions

Quality of written English: Needs some language corrections before being published