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: 13 December 2007

Reviewer: Eric Molho

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: An unexpected association between diseases or symptoms

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?: Yes

Comments to authors:

The authors describe a single case of an 82 year old woman who presented with rapidly progressive dementia and parkinsonism. The MRI was consistent with a diagnosis of gliomatosis cerebri. My major concern with the paper is that the Case Report, upon which it is based, contains no detail regarding the specific aspects of the neurological exam that would support a diagnosis of parkinsonism. Without video tape documentation of the exam additional details in the written Case Report are necessary. Facial expression, speech, dexterity and specifics of gait should be included. The reader needs to be able to distinguish between true parkinsonism and pseudo-parkinsonism. I would also like the authors to consider defining the medication Candesatran in the text for the reader (ACE inhibitor). The authors should consider showing the original CAT scan as a Figure and any treatment that was prescribed for the patient for parkinsonism or dementia should be described and the implications of the patientâ##s response or lack thereof should be discussed.

In the Discussion the first line should use the term parkinsonism with a small â##pâ## rather than â##Parkinsonâ##s diseaseâ##. On Page 4, on the eighth line of the Discussion, â##explainedâ## should be changed to
Too. In the first line of the next paragraph Parkinson's disease should be changed to parkinsonism of tumoral origin. The next line should read Iironically, they are usually due to . More importantly, the Discussion should include limitations of this Case Report, i.e. the lack of pathological confirmation of the diagnosis and if there is no information regarding treatment, that this would also represent a significant limitation since a positive response to definitive antiparkinsonian treatment would not be expected in Parkinsonism of tumoural origin.

One final minor suggestion would be to change Parkinsonism throughout the manuscript to parkinsonism.

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

**Quality of written English:** Acceptable