Reviewer's report

Title: Managing a locally advanced malignant thymoma complicated by nephrotic syndrome - a challenging scenario.

Version: 2 Date: 13 October 2007

Reviewer: Jonathan Odum

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Presentations, diagnoses and/or management of new and emerging diseases

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?: No

Does the case report have diagnostic value?: No

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

Comments to authors:

General

The case report details treatment of a malignant thymoma complicated by nephrotic syndrome secondary to minimal change nephropathy associated with which is renal impairment. In view of the nephropathy, carbiplatin treatment was used (successfully) in place of the usual cis-platin treatment leading the authors to speculate that this treatment may be a useful alternative to consider for future patients with malignant thymoma.

The nephrotic syndrome responded to steroid treatment and the renal impairment subsequently returned to normal (as would have been expected). The time course of the resolution of the proteinuria, increase in plasma albumin, and resolution of the renal impairment is unclear, particularly in relation to the chemotherapy used to treat the thymoma and also the steroid treatment used to treat the minimal change nephropathy.

The duration of the steroid treatment is not given. (It is possible that the cyclophosphamide and epirubicin used to treat the thymoma also had a beneficial effect on the minimal change nephropathy).
The reason given by the authors for choosing carbiplatin was because of the presence of renal impairment. However, details of the renal function are unclear. It would appear from the text that the plasma creatinine was 63umol/L when the carbiplatin was commenced (ie normal) although the patient may have continued to have proteinuria, (but details of proteinuria are not given)-which may be the reason for the carbiplatin selection. Thus, the rationale for using carbiplatin in the first place is questionable. Indeed, when the patient required second line chemotherapy cis-platin was used with no clear explanation given as to why, and details of renal function and proteinuria at that time are not presented.

Revisions necessary for publication

To provide more details of renal function and proteinuria in relation to both steroid treatment and chemotherapy to indicate when both renal function and proteinuria normalised, and consequently to explain the rationale behind the selection of carbiplatin (as an unproven treatment) over cis-platin treatment (usual treatment). If renal function and proteinuria were both normalised at the time the carbiplatin treatment was given then one could speculate that cis-platin treatment should have been at that time in the first place.

**What next?:** Revise and resubmit

**Quality of written English:** Acceptable