Reviewer's report

Title: Graft versus EBV-related posttransplantation lymphoproliferative disease

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Reviewer: Tamilarasu Kadhiravan

I am familiar with the literature and believe that this case meets one of the 9 criteria for evaluation in the journal: An unexpected event in the course of observing or treating a patient.

Has the case been reported coherently?: No

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?: No

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

General comments

The authors describe a 60-year-old lady with refractory lymphoma who received a HLA-matched (sibling) peripheral haematopoietic stem cell transplant. Apparently, the lymphoma progressed despite myeloablative conditioning, and erythema developed around the subcutaneous nodules. A biopsy of the nodule revealed features of GVHD in addition to the presence of EBV.

Major comments

1. It is unclear from the description, what was the timing of the appearance of the erythema – presumably, it was after the infusion of stem cells.

2. The basis for a diagnosis of post-transplant lymphoproliferative disorder (PTLD) in this patient is unclear. The authors state, the cutaneous nodules appeared during conditioning (before the transplant). Is it not likely that these nodules were a manifestation of her progressive lymphoplasmacytic lymphoma?
3. The diagnosis of PTLD is straightforward in recipients of solid organs and in recipients of haematopoietic cell transplants for indications other than a lymphoma. But, in a patient whose primary disease was a lymphoma, the diagnosis of PTLD is challenging. In fact, PCR-positivity for EBV may not be diagnostic of an EBV-related PTLD in this particular setting. It might well have been an EBV-related lymphoma to begin with. Did the authors consider this possibility?

4. Most of the EBV-related PTLDs in recipients of haematopoietic cell transplants are of donor cell origin (i.e., the EBV-infected B-cells arise from the donor). This being the case, a graft (donor) versus PTLD (again donor in origin) reaction seems conceptually incompatible. Do the authors have any hypothesis to explain this anomaly?

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I declare that I have no competing interests.