Reviewer's report

Title: Temporal fossa arachnoid cyst presenting with contralateral subdural hematoma following trauma-two case reports

Version: 4 Date: 9 May 2008

Reviewer: Knut Wester

I am familiar with the literature and believe that this case meets one of the 9 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?: No

Does the case report have diagnostic value?: Yes

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

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Bergen, May 9th 2008

The Editor,
Journal of Medical Case Reports

Re.: MS “Temporal fossa arachnoid cyst presenting with contralateral subdural hematoma following trauma-two case reports.” Authors: Promod Pillai, Sajesh K Menon, Raju P Manjooran, Rajeev Kariyattil, Ashok B Pillai and Dilip Panikar

Dear Sir

Thank you for allowing me to review this manuscript. I have several comments and suggestions:

1. The title is somewhat misleading, as both patients had bilateral extracerebral effusions/haematomas, not only on the contralateral side. This should be reflected in the title.

2. The references are rather old – the average age is 10 years. The references used for sidedness and distribution of intracranial arachnoid cysts (AC) are not the most relevant. I would recommend a new literature search using the terms “arachnoid” AND “cyst” AND all the following terms: “sidedness”, “location”, “distribution”, “gender”, “temporal fossa”, “middle fossa”.

3. The 2 papers referred to by Mori and Parsch do not say anything about the risk of contracting a CSDH in cyst patients; only that about 2 – 2,5% of all CSDH patients harboured an AC. We have recently published an article on the matter; see Wester K, Helland CA. How often do chronic extra-cerebral haematomas occur in patients with intracranial arachnoid cysts? J Neurol Neurosurg Psychiatry. 2008 Jan;79(1):72-5.

4. The authors claim that the haematomas are called by tearing of bridging veins. That is nothing but an assumption, not a fact. See the above reference for alternative mechanisms.

5. They also state that “.. a trivial trauma has caused rupture of the arachnoid cyst”. How do they know? There is no evidence of such a cyst rupture.

6. Figure 3 C and D both show a bilateral hygroma AND a haematoma. Therefore it is misleading to say (in the figure legend) “…, an ipsilateral subdural hygroma (3C) and a contralateral subdural hematoma (3D)”. The figure legend should instead read: “…, an ipsilateral subdural hygroma and a contralateral subdural hematoma (3C and D)”.

7. Reference #9 is irrelevant and should be omitted, as it has nothing to do with the topic. That article describes a haematoma caused by an aneurysm rupturing into a co-existing AC.

Knut Wester

Quality of written English: Acceptable
Declaration of competing interests:

I declare that I have no competing interests.