Reviewer’s report

Title: Pseudotumoral radionecrosis as a late radiation induced injury after 60 Gy Cobalt radiation of a mamma carcinoma: a case report

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Reviewer: Philippe PD Dartevelle

Comments to authors:

Holger and al reported a clinical case of radio-necrosis of the chest wall 23 years after mastectomy and radiation therapy (60 Gy). This topic is quite interesting but I have some comments to make.

· First of all, there are many awkward phrasings all along the manuscript that have to be corrected.

· The authors wrote that radiation-induced complications are raising because of the improved survival of patients with cancer. I think it is a misinterpretation. Radiation-induced complications are due to radiation therapy. Radiation-induced complications decreased dramatically the last twenty years because of the technical improvement of the radiations (conformal radiation therapy, stereotactic radiation, image guided radiotherapy…). The reported case is not a seldom complication of the Cobalt therapy performed 23 years ago for breast cancer. Many of those who survived to the breast cancer and the Cobalt therapy 20 years ago, have radiation-induced complications.

· No mention exists in the manuscript about radiation-induced chest wall sarcoma that is the main differential diagnosis. There are neither images from the thoracic CT scan nor radiological description of the tumor. The discussion focused on the prevention of radiation-induced complications. There are no words about surgical strategy or tumor diagnosis. Do the authors operate on the same way a radiation-induced sarcoma and a chest wall radionecrosis? Did they perform any biopsy before the chest wall resection? Is chest wall resection the gold standard surgical treatment for chest wall radionecrosis?

· It seems to me that it is a manuscript about radiation therapy. In that case, the description of the Cobalt therapy has to be improved. Moreover, results of Cobalt therapy that are well known in the literature have to be mentioned in the discussion section.

In conclusion, I do not recommend this manuscript to be published.