Reviewer’s report

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

**Version:** 3  **Date:** 30 October 2008

**Reviewer:** Sylvie Delanian

Which of the following best describes what type of case report this is?: Other

If other, please specify:

unusual side effects after radiotherapy

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: 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?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

Specific comments:
- Title – is too long: “Breast pseudotumoral radionecrosis as a late radiation-induced injury” may be sufficient
- Abstract- is not enough concise (introduction and conclusion)
- Introduction- It could be interesting to describe (clinical aspects) others late breast sequelae after conservative breast cancer treatment: breast fibrosis, skin atrophy and telangiectasia, rib fracture, …(see some informations in the review
- Case report- There is no information on the past-history of this woman: high blood pressure, diabetes, or vascular disease or nothing???

There is no information on the history of the progressive local signs: first signs, pain, color, …

I don’t understand “3 metastasis extirpation”: she underwent surgery (tumorectomy for plurifocal tumor?) = there is no distant metastasis?

What is the follow-up: good healing? For a long time?

- Discussion- discussion round late RT damages (SOMA) is interesting. Some words on combined rib fracture and bone radionecrosis?

It could be interesting to discuss the opportunity, or not, for an alternative medical treatment if any. Why a surgery with flap? What is the usual healing without flap?

The residual pain is considered as psychological, but the authors have to think that irradiated tissues are burnt for life and surgery cannot cut all the volume. It could be interesting to see that surgery could emphasize local pain?

- References- ref 8 is not translated and not available for non-German people, is useful?

Ref Mr Fajardo for histological aspects might be interesting.

- Figures- are clear.

- Conclusion- is too long and turn not enough round the article message: There is an unusual late effect. Why? How to treat it? Medical treatment exists? Surgery without flap is not possible?

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**

I declare that I have no competing interests' below