Reviewer’s report

Title: Osseous hemangioma of the seventh cervical vertebra with osteoid formation mimicking metastasis: a case report

Version: 3 Date: 12 September 2008

Reviewer: Markus QM Quante, ass. Professor, MD

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: No

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?: 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:

Abstract

Introduction

The most important point of this case is the mimicry of a metastasis in the imaging (not clinically!). Make it definitely clear.

Conclusion

The last sentence is not clear, I think one can say wrong. What is the evidence to abandon clinical guidelines in a case where neoplasma is expected in the imaging? What means „following a symptom-oriented approach“? Please correct your conclusion.
Case report

Introduction
Give a clear explanation about the typical findings of haemangiomas in imaging and histopathology. This will help the reader to understand why your case is atypical.

Case Presentation

Major points
Please give a more precise description of the imaging (Xray and MRI), because this is the main topic why you state the presentation of this case as atypical.

What lab investigation did you perform?
Please integrate the “histopathological findings” section in chronological order of the case. Otherwise the reader can not understand the decisions to implant the cage or to recommend radiotherapy.

What was the ratio to perform a vertebrectomy and not a biopsy before? Was it only in terms of instability?

Could you give a short table where you describe the immunohistochemical examinations and its results?

Minor points
Row 3: replace “muscle strength of five”; was the sensory loss in a dermatomal pattern or not?

Discussion
The main reason why you think that colleagues could learn something from this individual case is the mimicry of a metastasis in imaging examinations before surgery. You performed surgery assuming a malignant tumor.

After surgery the definite histopathological examination revealed an hamangioma showing atypical histopathological patterns.

You discuss these problems in no way. Please rewrite the discussion and give explanations to the following topics:

What are the differences and special patterns of malignant tumors and haemangiomas in the imaging. Please clearly point to the possibility of a wrong diagnosis

What are typical characteristics of hamangioma in the histopathological findings and why is the case atypical, probably imitating a malignant neoplasma.

Half of the discussion is about therapy of haemangioma, reject this part.

Finally: what is your conclusion from this case to prevent from wrong diagnosis and probably extensive surgery by preoperative diagnostics? Would you change your clinical practice? Please discuss this topic regarding the current clinical guidelines.
Quality of written English: Needs some language corrections before being published