Reviewer's report

**Title:** A patient presenting breast cancer with an unusual paraneoplastic syndrome: a case report

**Version:** 3  **Date:** 5 October 2008

**Reviewer:** Peter Sillevis Smitt

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

If other, please specify:

Description of a patient with a very rare disorder

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?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

Silvestre et al. present a patient with paraneoplastic necrotizing myopathy associated with breast cancer. She was treated in 2001 - 2002 for locally advanced breast cancer with 4 cycles of epirubicin/docetaxel followed by radiotherapy and subsequent cycles of CMF chemotherapy.

In October 2002, while still on chemotherapy, the patient presented with proximal bilateral weakness in the lower extremities: iliopsoas grade 2 and quadriceps
grade 4. The clinical diagnosis was docetaxel neuropathy and she was treated with modified radical mastectomy.

January 2003 there was a decrease in strength of the lower limbs, grade 2 (which muscles?). She was diagnosed with necrotizing myopathy and treated with prednisolone 1,5mg/kg/day.

After initiation of steroid therapy there was further worsening with a decrease in the proximal strength of the upper limbs (grade 3).

EMG and muscle biopsy revealed deterioration compared to previous findings. Work-up shows bone metastasis in the sternum and she is treated with epirubicin/docetaxel and the dose of steroids is increased to 3 mg/kg/day. Neurologically she improves and the metastases regress.

General comments:
The rarity of the diagnosis paraneoplastic necrotic myopathy makes this case report very interesting.

Major comments:
Muscle biopsy: Additional stainings would be very helpful including (at least) complement and alkaline phosphatase staining.

Case presentation:
How relevant is the 'black race' of the patient and that she was 'evacuated from Guinea-Bissau'?

In October 2002 the proximal weakness is initially diagnosed as 'docetaxel neuropathy'. However, a docetaxel neuropathy is usually sensory (as the authors also state in the discussion) and if there is weakness, it is usually distal, not proximal.

The authors should state how they graded muscle strength, probably according to the MRC scale. In addition, it is more common to speak of degree of weakness rather than grade.

January 2003 there is decrease in strength of the lower limbs, grade 2. Iliopsoas was already grade 2. The authors should be more specific about the muscles that deteriorated.

EMG in 2003: 'findings suggestive of necrotising muscular lesions' contains no information and should be replaced by the finding themselves (not the authors' conclusions).

The bone metastases were treated with epirubicin/docetaxel. However, initially the treatment with epirubicin/docetaxel was 'associated with radiotherpay' due to 'deficient response'. Please explain the initiation of treatment that resulted before in 'deficient response'.

Quality of written English: Not suitable for publication unless extensively edited.

Declaration of competing interests:
I declare that I have no competing interests