Reviewer's report

Title: Neurofibromatosis type 1 (von Recklinghausen's Disease) with duodenal GIST that was difficult to distinguish from pancreatic neuroendocrine tumor: a case report

Version: 2 Date: 7 February 2010

Reviewer: Rudolf Mennigen

Which of the following 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?: 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?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

General comments:

Number of authors (twenty!) is adequate for a prospective randomized multicenter study, or a consensus conference report, but not for a case report. Please include only authors that substantially contributed to this short manuscript.

Several spelling mistakes and English grammar have to be corrected.

Revisions necessary for publication:
Case presentation:
You speculate that an atrophic gastritis could be the reason for the moderately elevated gastrin-levels. What were the results of the upper endoscopy, and of the stomach biopsies?

You state that ERCP and duodenal endoscopy showed “almost normal findings”. What was not normal about them?

Surgical procedure:
You performed a “pancreas wedge resection include duodenal wall”.
Please provide more details of this procedure, a picture would help. Where was the tumor exactly located? Which part of the duodenum was involved? How did you manage the duodenal involvement: did you do a wedge resection of the duodenal wall, or did you do a segmental resection of the duodenum?
You state that the tumor had no contact to the pancreas parenchyma: Was this not obvious during the operation? Why did you resect pancreas at all?
Did you do intraoperative cryosection? How did you rule out a pancreatic carcinoma which would have necessitated a duodenopancreatectomy?

Histology:
What about the small nodule at the jejunum wall. Do you think it was a separate primary tumor? Could it be a peritoneal metastasis of the duodenal tumor?

You state that your patient remained free of recurrence. How long was the follow-op? What schedule do you have for follow-up? This is important, as any GIST is potentially malignant.

Discussion:
You should discuss the malignant potential of any GIST. The tumor in this case report seems to belong to the low risk group. Did you discuss adjuvant Imatinib therapy? Did you consider that the jejunal tumor might be a metastasis, requiring adjuvant therapy?

The discussion should clearly point out what consequences can result from your case report. What do you recommend for future handling of such cases?

How did the neurofibromatosis make this case complicated, as you state in the discussion?

Please discuss concurring surgical strategies (duodenopancreatectomy, duodenal wedge resection, segmental duodenal resection).

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

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