Reviewer's report

Title: Successful treatment of refractory pleural effusion due to systemic AL amyloidosis by vincristine adriamycin dexamethasone chemotherapy: a case report

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Reviewer: ARGYRIS TZOUVELEKIS

Which of the following following best describes what type of case report this is?: Presentations, diagnoses and/or management of new and emerging diseases

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?: No

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?: Yes

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

This is an interesting case report of successful resolution of refractory pleural effusion due to systemic AL amyloidosis by vincristine, adriamycin, dexamethasone. Authors applied a relatively novel therapeutic approach that was proven to be more effective than conventional treatment. My only concern is the theoretical comparison being performed by authors between VAD treatment and pleurodesis. Though invasive, pleurodesis under thoracoscopic procedure, still represents the gold standard for massive recurrent pleural effusions. It is safe and in the hands of experts can be transformed into a valuable both diagnostic (by getting biopsies from the parietal pleura) and therapeutic tool. It is also unknown whether pleurodesis can improve survival in these patients (there are
some studies showing better quality of life and prolongation of disease free
survival in malignant pleural effusions). Therefore i suggest that authors would
either rephrase or erase the sentence in the discussion part that pleurodesis
"cannot improve the poor prognosis of refractory pleural effusion". Another issue
raised by the authors is the immunodepression caused by admonistrating these
cytotoxic agents. Though this one patient did not develop any opportunistic
infection or any other drug toxicity (i.e cardiac, renal) authors should mention in
their manuscript that there is always increased danger for these side effects to
occur.

Quality of written English: Acceptable