Reviewer's report

Title: Inguinal lymph node metastases from a testicular seminoma: A rare occurrence - A case report and review of literature

Version: 2 Date: 4 September 2010

Reviewer: ridvan alimehmeti

Which of the following following best describes what type of case report this is?: New associations or variations in disease processes

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?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

This is a well-written report of a true hermaphrodite harbouring inguinal lymph-node metastases of previously removed testicular seminoma. Moreover the only testicle that developed seminoma in adulthood had been object of orchiopexy for cryptorchidism in childhood.

Each of these findings have been earlier reported separately in the literature. In true hermaphrodites neoplasia is unusual but does occur [1]. Only very few cases have been reported in the literature with tumours arising in the gonads of true hermaphrodite [2]

Seminoma in cryptorchids has been reported since 1976 [3]. But up till 2007 it seemed that 47 such reported cases were retrievable in the literature [4].
uncomplicated cryptorchidism, the testis is at least 10 times more likely to undergo neoplastic transformation than a normal scrotal testis. Neoplasia probably is a function of both testicular location (intraabdominal) and underlying dysgenetic structure. [1]

Inguinal lymph-node metastases from testicular tumors, in patients with prior orchiopexy.

of previously operated side has been previously described [5]. An exceptional case of contralateral side metastases of the kind has been reported as well [6].

So far this seems to be the first reported case combining all these elements. This makes the case exceptional and favours its being considered for publication.

Observations:

To my opinion an explanation should be given by the Authors to why a routine control CT scan could not be done earlier than 8 months after orchidectomy for seminoma, considering that the patient was not under chemotherapy immediately after the operation.

This could help defining better conduct in following a patient with such characteristics.

The Authors should also suggest in Discussion their plan for long term follow-up screenings.

Minor issues not for publication:

Line 8 – page: Case presentation, the word “maker” has to be corrected to “marker”.

Reference 13 lacks the word “tumors” in its second line.

References


6 Nishimoto K, Ono H, Hirayama M, Kadomoto Y, Usui T. Inguinal lymph node

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I declare that I have no competing interests