Reviewer's report

Title: A giant adrenal pseudocyst presenting with right hypochondralgia and fever: a case report

Version: 1 Date: 23 August 2010

Reviewer: Theodossis S. Papavramidis

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?: 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?: No

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:

In general, this is an interesting case report.

Section introduction:
1. The first phrase should be replaced with: “In 1903 Doran attributed the first case of adrenal cyst to Greiselius [1].”
2. The phrase: “In 1966, Foster described 220 cases of adrenal cyst in the world's literature [3].” Should be changed into “In 195166, Foster described 220 cases of adrenal cyst in the world's literature [3], while in 1979 Incze et al reported 250 cases.”

Section Case presentation:
1. What were the dimensions of the cyst when first diagnosed in 2000?
2. What type of antibiotics did the patient receive?
3. What was the exact surgical procedure performed? In the abstract partial liver excision is mentioned, but not in the case presentation. What was concomitant cholecystectomy performed? Did the patient had cholelithiasis?
4. Did the patient have any blood cultures taken during a fever episode? What was the result of the cultures?
5. Did the cyst contain any pus? What did the culture of the pus show? What there any gram staining performed?

Section discussion:
1. The second paragraph should be replaced by something like: “Histologically, cystic formation of the adrenals are divided into four groups: parasitic, epithelial (true cysts), endothelial (vascular cysts with an endothelial lining) and pseudocysts [*]. There are also other more infrequent subtypes such as lymphangiomas, mesothelial cysts or dermoid cysts. Adrenal pseudocysts represent approximately 80% of cystic adrenal masses [!,@].


2. The four paragraph should be deleted (Pseudocysts…unilateral).

3. In the fifth paragraph after the phrase: “In the case of larger cysts, symptoms occur in relation to their compression of normal adjacent organs.” The following phrase should added: “This seems to be a common feature in most pseudocysts (either these arise from the adrenals or from the pancreas), and seems to be related to the chronically increased intraabdominal pressure that these cyst introduce [%].”


4. In the last paragraph after the phrases: “In our case, aspiration was not performed because the adrenal cyst showed a possibility of malignancy due to its size, and concomitant partial hepatectomy had to be performed because of the dense adhesions.” The following phrase should be added: “Moreover, in large abscesses, where the probability of rupture is increased, transcutaneous
drainage should be avoided since it may increase the risk of microbial load dissemination [#].


**Quality of written English:** Acceptable

**Declaration of competing interests:**

'I declare that I have no competing interests'