Reviewer's report

Title: Clear cell variant of diffuse large B-cell lymphoma: a case report

Version: 3  Date: 26 August 2010

Reviewer: Lutfi Alia

Which of the 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 persuasive?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:


The authors treated a case of diffuse B-cell lymphoma-clear cell variant involving the lymph node in the neck, which was clinically suspected for metastatic carcinoma.

This is a potentially interesting paper. My main concern is on the limited results obtained and on their novelty.

The authors failed to detect any morphological significant modification in lymph node. Thus, a main part of the discussion and conclusions of the manuscript is essentially based on results.

The authors demonstrated malignant lymphoma is composed of large B lymphoid cells whose nuclear size can exceed normal macrophage nuclei, or more than twice the size of a normal lymphocyte. The pattern is predominantly diffuse.

There are, in addition, a number of other points, including some problems of differential diagnosis with other lymphomas, which need to be addressed by the authors.

I think, this article is a contribute for presentation, diagnosis and management of diffuse large B-cell lymphoma.

The case has been reported coherently, is authentic, persuasive, and it is protected the anonymity of patient.

Overall, I felt that the manuscript, in its present form, deserve publication in JMCR.
GENERAL CONSIDERATIONS

Diffuse large B-cell lymphoma (DLBCL) is the commonest type of lymphoid tumour, which displays striking heterogeneity at the clinical, genetic, and molecular levels. This category was included both in the REAL & WHO Classification aiming to lump together all malignant lymphomas characterized by the large size of the neoplastic cells, B-cell derivation, aggressive clinical presentation, and the need for highly effective chemotherapy regimens.

These tumors are detected as primary or secondary forms both at the nodal and extra nodal levels. They display a significant variability in terms of cell morphology and clinical findings, which justifies the identification of variants and subtypes.

Diffuse large B-cell lymphoma (DLBCL) is a diffuse proliferation of large neoplastic B lymphoid cells with a nuclear size equal or exceeding the normal macrophage nuclei. However, even by simple histological examination, considerable heterogeneity can be seen and several morphological variants are described.

Immunohistochemical studies, tissue microarray & molecular studies underline the extreme heterogeneity of DLBCLs and suggest a subclassification of the tumour, based on the identification of different pathogenic pathways, which might have much greater relevance than pure morphology for precise prognostic previsions and adoption of the therapy.

The authors According to immunohistochemical findings, they have concluded that this case is diffuse large B cell lymphoma – clear cell variant of activated cell type, post germinal center cell origin.

Other points

INTRODUCTION

Line 4 - 9. The authors should provide reference(s) supporting this statement.
Line 21 - 25. The authors should provide reference(s) supporting this argument.
Line 28 - 30. The authors should provide reference(s) supporting this statement.

METHODS OF STUDY
The authors should provide the immunohistochemical method of the study.

DISCUSSION

I think the discussion it is short.
The results should be compared with there of other authors.