Reviewer's report

**Title:** Implication of Human Papilloma Virus-66 in vulvar carcinoma: a case report

**Version:** 1  **Date:** 14 August 2010

**Reviewer:** Jorge Fabricio González

Which of the following best describes what type of case report this is?: Findings that shed new light on the possible pathogenesis of a disease or an adverse effect

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?: Yes

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

Is the anonymity of the patient protected?: Yes

**Comments to authors:**

This case has some major issues to solve previously to publication:

1. The authors do not have confirmed their results with other molecular tests, commercials and non-commercials, to contrast their results, specific to HPV66. How is usual in a molecular genetics laboratory the results may vary between some methods used, especially in the diagnosis of viruses (genetic drift and genetic shift). It recommends confirm a unique or unusual result with at least two different methods of analysis (RFLPs, standard PCR, sequencing, arrays, real-time PCR, etc).

2. In the abstract, the authors say HPV66 genotype was detected through
cytological examination? I guess there is a mistake in this affirmation.

3. They have to consider that it exist the probability of co-existence of 2 or 3 HPV genotypes in the same lesion. How the authors discard several HPV genotypes in the same sample? HPV 66 was associated with atypical cytology and was found in women with borderline cytology, low-grade lesions and high-grade lesions, but was most frequent in the threshold group. One frequent mistake is to analyze similar samples of the same macroscopic piece. It recommends take different samples, at different levels of the lesion and, at different location (lesion and surrounding areas), if the authors try to demonstrate the correlation of one specific HPV genotype in a pathological lesion. In that case and if the authors did this procedure, it is necessary a detailed description of the sampling and the genotyping of each one.

4. It has described more than 200 different HPV-genotypes associated with genital lesions. How the authors discards all others genotypes, if the array only analyzed 35 or 40 genotypes? In 2009, IARC downgraded HPV66 from the category of probably carcinogenic (Group 2A), as judged in 2005, to possibly carcinogenic (Group 2B), which also includes HPV genotypes HPV26, HPV53, HPV67, HPV70, HPV73, and HPV82.

5. The paper is poorly presented. It is necessary a more specific introduction, with at least 20 current references. It will be necessary a detailed description of the genetic methods used in the analysis (genotypes analyzed, sensibility and specificity, limitations of that laboratory analysis, etc.). It is absolutely necessary to write a small discussion about this unique finding, with strong arguments that defends this particular etiology and correlation.

6. In the case presentation, its neccesary to explain the past clinical history of the patients, searching other risk factors and, it will be interesting to get previous Pap-test results (of 5 or 10 years ago), to try to identify the chronology of this pathology.

7. In the present format, it is difficult conclude that exist a clear correlation between HPV66 and vulvar cancer.

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**

'I declare that I have no competing interests'