Reviewer's report

Title: Progressive Multifocal Cerebral Infarction from Intravascular Large B-Cell Lymphoma Diagnosed by Random Skin Biopsy: A Case Report

Version: 1 Date: 17 August 2010

Reviewer: Kosei Matsue

Which of the following best describes what type of case report this is?: None

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?: 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:

General, This case report describes a patient with intravascular lymphoma presented by progressive multifocal cerebral infarction. Diagnosis was made by random skin biopsy from normal appearing skin. Although IVL is relatively rare type of extranodal B-cell lymphoma, clinical presentation with neurological symptoms is one of the most common symptom in this lymphoma. In addition, elevation of LDH, sIL2R, and cytopenia were frequently observed laboratory abnormalities.

Specific comment,

1) Author should describe the other laboratory abnormalities related to the IVL, such as CBC, sIL2R, ferritin etc. In addition, Asian patients with IVL frequently complicate the hemophagocytic syndrome. Bone marrow infiltration of lymphoma
cells should be described. Because this patient exhibited hypertriglyceremia, this suggests the possible presence of hemophagocytic syndrome.

2) Use of random skin biopsy in patients with IVL was best described by Asada et al (Mayo Clin Proc 2007, 82:1525) and by Matsue et al (Eur J Haematol 2008, 80:236), these papers should be cited.

**Quality of written English:** Not suitable for publication unless extensively edited

**Declaration of competing interests:**

I declare that I have no competing interests.