Reviewer’s report

Title: Solid Variant of Aneurysmal Bone Cyst of the Thoracic Spine: Case Report

Version: 1 Date: 6 June 2010

Reviewer: Rohit Amritanand

Which of the following 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?: No

Is the case report persuasive?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

General comments

- The authors have diagnosed and treated an uncommon lesion of the spine.
- The overall length of the article needs to be reduced particularly, the discussion is too long.
- The language and grammar could be improved in places (words like ‘nonneoplastic’ ‘tumorlike’ should be hyphenated).
- The number of figures needs to be reduced to the ones that are essential for representation. Is the artists impression really needed?

Many of your thoughts and ideas have already been discussed by Suzuki et al (2004, Spine).
Abstract

- 18 yr old young man: rephrase, 'young old' is cumbersome.
- Obvious neurological deficits: rephrase suggest 'significant neurological deficits'
- 6-cm diameter: drop the hyphen, add the word 'in'
- Minor foci: of not or?

Introduction

- 'Nonneoplastic' and 'tumorlike' should be hyphenated.
- 18 yr old young man: rephrase, 'young old' is cumbersome.
- What exactly is the purpose of this report?
You mention that you discuss the unique features of 'these tumor-like lesions of the vertebral column' Specifically which features are unique to this case over the other 13 reported cases. Aren't you presenting a single lesion and therefore considering rephrasing to 'this tumor-like lesion of the vertebral column'. The treatment approach too is well established for lesions of the dorsal spine (you may read about it in European spine journal and Operative Orthopaedics and Traumatology)

Case report

- Remove subheadings.
- Spell 'One year' rather than '1-year.'
- Post void residual: the reader need to be sure you are talking about the post void residual volume of urine. Mention it.
- Figure 1 is a Computed tomogram rather than a topogram.
- Were fluid levels seen on the MRI to suggest a cystic nature to the lesion.
- How much was the pre op kyphosis (Cobb angle)? What technique did you use for the correction of kyphosis which caused a transient neural compromise?
- 'Laminectomies' reword …morselised bone graft from the osteotomised lamina.
- Was a pleural tear observered intraop?
- What was the author's interpretation of 'moderate kyphosis'?
- A follow up of 6 months seems inadequate to me for a lesion of this nature...what is the end point of your treatment? Bony fusion, absence of recurrence ...?

Discussion

- Remove subheadings.
- Which other conditions (benign and malignant) can solid ABC be misdiagnosed especially since you mention that the 'strong absence of anaplasia strongly
argues against malignant condition’ . Were there any dilemmas surrounding the histopathological diagnosis of the present case?

- Last paragraph: pedicle screws have been in use for over 50 years and the ‘posterior’ only approach too is well established … and therefore your first sentence in this paragraph should be rethought.

References

I was unable to find a mention of reference No 9 (Suzuki) in your list of references.

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

Declaration of competing interests:

I declare that I have no competing interests