Reviewer's report

Title: Toxoplasmosis presenting with a breast mass and a palpable axillary lymph node mimicking malignancy. A case report.

Version: 1 Date: 14 February 2011

Reviewer: Antony Pittathankal

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?: Yes

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:


2. Case presentation (Abstract): “Histopathology and immunohistochemical studies excluded carcinoma or lymphoma but suggested the possibility of toxoplasmosis.” - Suggest correct to – “Histopathology and immunohistochemical studies excluded carcinoma or lymphoma but suggested possibility of intra-mammary and axillary toxoplastic lymphadenopathy.”

3. Case presentation (Abstract): “Toxoplasma gondii IgM and IgG serology was positive supporting the diagnosis is that the breast mass and axillary lymph node
were due to toxoplasmosis”. Better read as “Toxoplasma gondii IgM and IgG serology were positive supporting a diagnosis of Toxoplasmosis”.

4. Case presentation (Second Paragraph): “Number one of the” suggest change to “Primary”

5. Case presentation (Second Paragraph): Clarify whether both FNAC and core biopsy was done for both lesions or core biopsy for breast and FNAC for axillary node

6. Case presentation (Third Paragraph): It may be worthwhile indicating the mammographic and USS scores (BIRADS)

7. Case presentation (Third Paragraph): See “Microscopic examination ….. multiple enlarged lymph nodes ….” The breast lesion is suggestive of an intra-mammary lymph node mass.

8. Case presentation (Third Paragraph): “…prominent small granulomas …” better read as “micro-granulomas” as usual shaped/sized epithelioid granulomas are not a feature of toxoplasmosis.

9. Case presentation (Third Paragraph): “The microscopic appearances were similar to those …” better read as “The histologic appearances were suggestive of …”.

10. Discussion (First Paragraph): A short sentence regarding mode of spread/primary host will be useful.

11. Discussion (Fifth Paragraph): Expand some more on PCR and immuno-histochemistry. Eg: Immuno histochemistry can identify Toxoplasma gondii within pathology specimens. Molecular PCR techniques have high specificity but very low sensitivity in lymph node specimens.

12. Conclusion: “Toxoplasmosis should be …”. In view of the rarity suggest change to “Toxoplasmosis may be …” . “Should” would suggest that we must perhaps undertake serology in all cases.

Suggest : “Toxoplasmosis rarely presents as a breast mass and may be considered as a differential diagnosis in patients presenting with axillary lymphadenopathy. If the FNAC or Core biopsy suggest the possibility of toxoplasmosis, serologic investigations can confirm the diagnosis and may help avoid further invasive procedures and anxiety. Immunocompetent non pregnant adults who have no CNS or vital organ involvement can be managed conservatively.”

**Quality of written English: Acceptable**

**Declaration of competing interests:**

I declare that I have no competing interests