Reviewer's report

Title: A male presenting with a ductal prostate adenocarcinoma with unusual cysteoscopic appearance: a case report

Version: 1 Date: 12 June 2010

Reviewer: Abraham Kurien

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

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?: No

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?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

Comment 1
The ISUP (International Society of Urological Pathology) modified Gleason’s grading considers Ductal adenocarcinoma to be equivalent to Gleason pattern 4, if comedonecrosis is present they should be considered equivalent to Gleason pattern 5.

Comment 2
Ductal carcinoma has to be differentiated from the following - Urothelial carcinoma involving prostatic ducts, Metastatic carcinoma and Cribriform high grade PIN. Immunohistochemistry is required to differentiate it from these differential diagnoses.
Comment 3
The histopathological description needs to be elaborated. What was the architectural pattern? Cribriform or papillary? Was the tumor purely ductal carcinoma or were there areas of acinar adenocarcinoma? If mixed, what was the proportion of ductal carcinoma

Comment 4
All the references quoted in this article are old. Newer and more relevant articles are available.

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

Declaration of competing interests:
I declare that I have no competing interests