Reviewer's report

Title: Solitary Pulmonary Nodule of Benign Metastasizing Leiomyoma associated with Primary Lung Cancer: a case report

Version: 1 Date: 27 July 2011

Reviewer: Matthew Gubens

Which of the following 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:

Interesting presentation of a rare entity with an unexpected comorbidity. The primary clinical practice value of the case report, however, is really just to be open-minded about possible alternatives in terms of differential diagnosis, as the authors present (and I can think of) no etiologic connection between the findings of BML and NSCLC in this patient. Still a worthwhile reminder.

I have the following suggestions:

--Case presentation, paragraph 3: The clinical rationale for resection is very unclear to me, as is the 6 month delay between initially finding the lesions and the resection. Was there interval growth on imaging that led to surgery? Why wasn't biopsy, at least of the 1.3cm GGO, considered first? This appears a rather
invasive approach, especially if the lesion hadn't grown, but perhaps there are further details that explain this decisionmaking process.

-Case presentation, paragraph 3: Please clarify whether TTF-1 stained positive or negative and explain how this helped clarify the diagnosis. Most readers in the general audience might think of TTF-1 in isolation as a confirmatory marker for NSCLC rather than this unusual entity of BML.

-Case presentation, paragraph 1, sentence one: Replace "has" with "had." ANd paragraph 3: Please standardize all verbs to past tense, especially in sentence 5 and 6.

-Case presentation, paragraph 4: Consider replaing "Up to date" with the actual length of follow-up so far (and correct the typo BLM to BML).

-Discussion, paragraph 1: Replace "lung" with "lungs" as you cite cases of multifocal disease.

-Discussion, paragraph 1, last sentence: "a very rare clinical presentation"? To make your case more strong, you might say it has not yet been reported at all in the literature!

-Discussion, paragraph 2: Is there other evidence about the means of metastasis? Consider mentioning the work of Patton KT (Modern Pathology, 2006)

--Discussion, paragraph 3: First 2 sentences are essentially the same, would advise condensing to one.

--Discussion, paragraph 4: You might suggest what frequency of CT follow-up you plan for this patient, if any; just the same frequency as you'd follow up resected NSCLC?. Also, do the recent studies suggest using the hormonal treatments in the setting of multifocal, unresectable disease? Worth fleshing out for the reader's sake.

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I declare that I have no competing interests.