Reviewer's report

Title: Solitary Splenic Metastasis of a Carcinosarcoma: A Case Report

Version: 1 Date: 3 July 2010

Reviewer: Benjamin Piura

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?: 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?: 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:

General comments:

1). Most important. The authors must obtain the histological slides of the original tumor from Mexico. The slides should be reviewed by the pathologist author. The pathologist author should confirm that the original tumor was really a primary ovarian carcinosarcoma. All of these should appear in the paper. Otherwise, the claim of the authors that their case represents metachronous splenic metastasis from ovarian carcinosarcoma is without foundation.

2). The authors should mention the several hypotheses that have been suggested to explain the rarity of splenic metastasis: 1. The constant blood flow through the spleen impedes implantation of cancer cells in the spleen. 2. The sharp angle of the splenic artery branching from the celiac artery and the tortuosity of splenic artery make it difficult for tumor emboli to enter the spleen. 3.
The rhythmic contractions of the spleen squeeze tumor emboli from the spleen and prevent their implanting in the spleen. 4. The scarcity of afferent lymphatic vessels in the spleen limits the transport of metastatic tumor cells into the spleen. 5. The role of the splenic capsule as a physical barrier. 6. The presence of anti-tumor humoral factors and high concentration of phagocytes in the spleen.

References:

3). The authors should mention that in the vast majority of cases of splenic metastasis from various cancers, splenic metastasis is part of a disseminated disease rather than solitary splenic metastasis. The involvement of the spleen may occur by one or more of the following pathways: direct extension, transperitoneal spread, hematogenous route and lymphatogenous route. Consequently, in cases of splenic metastasis as part of a disseminated disease, the metastasis may be located either on the splenic capsule (capsular metastasis) or in the splenic parenchyma (parenchymal metastasis) or both. In solitary splenic metastasis, however, the metastatic spread to the spleen occurs mainly by the hematogenous route and the metastasis is located as a rule within the splenic parenchyma. Splenic metastasis may also be distinguished as either “synchronous” (detected at the time of diagnosis of the primary tumor) or “metachronous” (detected after an interval from the diagnosis of the primary tumor). The authors’ case is an example of metachronous splenic metastasis.

References:

4). The authors should emphasize that in recent years, reports of splenic metastasis in living cancer patients have been increasing due to the advanced
use of imaging studies, such as CT, MRI and PET, in the diagnostic work-up and follow-up of cancer patients.

References:


5). The authors should give some more details about the carcinosarcoma entity. It is a biphasic tumor composed of a mixture of mesenchymal (sarcomatous) and epithelial (carcinomatous) components. In the past, biphasic tumours with a homologous sarcomatous component were designated carcinosarcoma, whereas those containing heterologous elements such as rhabdomyosarcoma, chondrosarcoma, osteosarcoma and liposarcoma within the sarcomatous component were referred to as malignant mullerian mixed mesodermal tumor (MMMMT). Since it has been proved that this separation is of no prognostic significance, the term MMMMT has been abandoned to avoid redundant terminology and the term carcinosarcoma without or with heterologous elements is used for all biphasic tumors. It is believed that the mesenchymal component differentiates from the epithelial component via a metaplastic process; thus, the sarcomatous component of carcinosarcoma should be viewed upon as a mesenchymal metaplasia of the epithelial component.

References:


6). Sentences of the text are arranged sometimes in an erratic order without continuity in expression of the theme and building up of the subject. This should be rectified.

Specific comments:

1). Title. The title must reflect the content of the article; thus, it should be changed to: "Solitary splenic metastasis from ovarian carcinosarcoma: a case report".

2). Abstract. Introduction paragraph. "ther" should be amended to "other".

3). Abstract. Introduction paragraph. Introduction section of the test. The authors' statement that fewer than 20 cases of solitary splenic metastasis from ovarian carcinoma have been reported so far is inaccurate. They are basing their calculation on the paper of Lam and Tang (2000). However, to the best of my knowledge, about 30 cases of solitary splenic metastasis from ovarian carcinoma have been reported so far. Please see the following references:

References for the number of cases of solitary spelenic metastasis from ovarian carcinoma reported so far:


Noteworthy, the most important references for calculating the number of cases reported so far are: Furukawa, 2007; Alloni et al., 2008; Comperat et al., 2007; Kim et al., 2008.

4). Abstract. Case presentation paragraph. Clinical summary section of the text. The use of the term "satiety" (the feeling of having had enough, or too much, of something) should be re-considered by the authors if suitable here.

5). Abstract. Conclusion paragraph. The sentence that starts with "This is an original unique case of a metastatic splenic …" is unclear and should be amended to "This is an original unique case of a solitary splenic metastasis from ovarian carcinosarcoma …".

6). Introduction. The sentence "Carcinosarcoma is typically an extremely aggressive neoplasm histologically composed of malignant and mesenchymal elements" should be amended to "Carcinosarcoma is typically an extremely aggressive neoplasm histologically composed of epithelial (carcinomatous) and mesenchymal (sarcomatous) elements".

7). Introduction. The sentence "We present a case of a solitary metastatic carcinosarcoma involving the spleen after total abdominal hysterectomy" should better be amended to "We present a case of a metachronous solitary splenic metastasis from ovarian carcinosarcoma".

8). Why the authors use the heading Clinical summary and not Case presentation? It should better be Case presentation.

9). Clinical summary (Case presentation). The authors should write the date (month and year) of the patient’s presentation to their department. "A 72-year-old female presented in Month Year with …".
10). Clinical summary (Case presentation). The authors must declare that they have reviewed the histological slides of the original ovarian cancer operated upon in Mexico and that the original ovarian tumor was really a carcinosarcoma. Otherwise, the authors' claim that their case represents metachronous splenic metastasis from ovarian carcinosarcoma is without foundation.

11). Clinical summary (Case presentation). The authors should mention the type of vaccination (pneumococcal vaccine [Pneumovax] and/or H influenza vaccine and/or meningococcal vaccine) the patient had received prior to the splenectomy.

Reference:

12). Clinical summary (Case presentation). The sentence "... secondary to bleeding from the perisplenic desmoplastic reaction" is somehow not understandable.

13). Discussion. The sentence "Metastasis to the spleen is secondary to hematogenous dissemination and is confined to the splenic parenchyma" should be amended to "Solitary metastasis to the spleen is secondary to hematogenous dissemination and is confined to the splenic parenchyma".

14). Discussion. The sentence "The time from the diagnosis of primary tumor to the discovery of solitary splenic metastasis ranges from 0 to 264 months with a median of 28 months" should be followed by a reference, since to best of my knowledge there are no reported cases of synchronous (detected at the time of diagnosis of the primary tumor) solitary splenic metastasis from ovarian carcinoma.

15). Discussion. Why the authors have written the sentence "Only 20 cases of solitary splenic metastasis in colorectal carcinoma have been reported with the most common histologic type as adenocarcinoma"? Why the authors mention especially the number of solitary splenic metastasis from colorectal carcinoma and what is the relevance to this case report?

16). The authors claim rightfully in the Introduction paragraph of the Abstract and in the Conclusion paragraph of the text that "Only 2 solitary primary carcinosarcomas of the spleen have been reported" This is not reflected at all in the Introduction section of the text (This statement should be added with references: Westra et al. [1994] and Kochar et al. [2009]). In contradiction to what has been said in the Introduction paragraph of the Abstract and in the Conclusion section of the text (2 solitary primary carcinosarcomas of the spleen), the authors state in the Discussion section of the text that "To date there has only been 1 previously reported case of a female patient with carcinosarcoma of the spleen with mullerian malignant components (Reference: Westra WH, Anderson BO, Klimstra DS. Carcinosarcoma of the spleen: An extragenital malignant mixed mullerian tumor? Am J Surg Pathol. 1994; 18: 309-315). Westra et al., of interest, claim that "in the absence of a recognized neoplasm elsewhere, the carcinosarcoma most likely arose as a primary splenic tumor and may represent an extrauterine malignant mixed müllerian tumor arising in the spleen". Anyway,
it should be changed in the Discussion section that two cases of primary carcinosarcoma of the spleen have been reported so far (Westra et al. [1994] and Kochar et al. [2009]).


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

Declaration of competing interests:

I declare that I have no competing interests