Reviewer’s report

Title: "Beware of red herrings in the hip clinic!" - an unusual case of persistent hip pain after total hip arthroplasty: a case report

Version: 1 Date: 15 March 2010

Reviewer: Gregor Recnik

Which of the following best describes what type of case report this is?: An unexpected event in the course of observing or treating a patient

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?: No

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. The paper is an interesting read for anyone that deals with general, tumor or hip orthopaedics and provides evidence for need of meticulous handling even in everyday cases.

2. Considering the nature of the paper, it would be better to avoid the term »hip pain«. Instead »groin pain, thigh pain, pubic pain...« should be used.

SPECIFIC CONSIDERATIONS

ABSTRACT
- avoid using the term »hip pain«
- it should be pointed out before »she underwent THR« that »Neither the radiologist nor the orthopaedic surgeon recognized «

INTRODUCTION
- please include a section on »pelvic metastases« with incidence levels
- please include a section on »urothelial skeletal metastases« with incidence levels

CASE PRESENTATION
- avoid the term »hip pain«
- it would seem appropriate to say that »hematuria was detected« and UTI was observed. Based on what did you classify it as UTI (cultures?, protein, glucose levels in the urine? just hematuria?)
- what were the patients laboratory findings at the time of the surgery?
- be consistent with postop timing. Use 4,5 (or is it 3?) months postop instead of 3 months later than the last check up!
- kilograms?
- lesions were located in »both pubic ramii (OK), iliac wing (left, right, both?), acetabulum (L, R, both), spinous process(es!) of ...«
- a short input on the screening you used for the urothelial carcinoma would be beneficial. Please specify it as an urothelial carcinoma arising from the (left?, right?) pyeloureteral region.

DISCUSSION
- please discuss on other findings (hematuria, bakteriuria, pain on urination, proteins) usually present with urothelial carcinoma and UTI and if you might have picked it up 4 weeks preop; also address why (no urologist in the house, nonspecific)
- please include a short section on the patients’ further treatment choices if any and her prognosis

REQUIRED FOR PUBLICATION
3. Address the meaning of hematuria preop!

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