Reviewer's report

Title: Inflammatory Myofibroblastic Tumor Causing Unexplained Anemia in a Toddler: a case report

Version: 2 Date: 19 October 2010

Reviewer: mahmoud Rashad rashad

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

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:

It is nice report, but I have some comments:

1- Regarding, prevalence: it is written in introduction that Tumor (IMT) Inflammatory Myofibroblastic Tumor (IMT) is a very rare but written in conclusion that it is unusual tumor of the gastrointestinal tract, they should select one term.

2- Regarding definition of anemia of chronic disease : it is written in the article that it is drop of hemoglobin 1-2 gm/dl below normal level in a patient suffering from chronic illness, where is the reference? Also our case has Hb 7mg/dl (drop is much more).

3- I don't agree with this sentence” treated in 3 countries and 5 centers”, it will not add, and then where are these countries and centers. In the abstract it is written
5 centers and in the text it is written 6 centers.

4- Diagnosis of iron deficiency anemia, and starting treatment, On what basis?
Both conditions, iron deficiency anemia and anemia of chronic disease show a low reticulocyte production index, suggesting that reticulocyte production is impaired and not enough to compensate for the decreased red blood cell count. While no single test is always reliable to distinguish the two causes of disease, there are sometimes some suggestive data:

• In anemia of chronic disease without iron deficiency, ferritin levels should be normal or high, reflecting the fact that iron is stored within cells, and ferritin is being produced as an acute phase reactant but the cells are not releasing their iron. In iron deficiency anemia ferritin should be low.

• TIBC should be high in genuine iron deficiency, reflecting efforts by the body to produce more transferrin and bind up as much iron as possible; TIBC should be low or normal in anemia of chronic disease.

• Examination of the bone marrow to look for the absence or presence of iron, or a trial of iron supplementation (pure iron deficiency anemia should improve markedly in response to iron, while anemia of chronic disease will not) can provide more definitive diagnoses.

5- The assumption of celiac disease diagnosis, On what basis?

6- Iron supplements was started with no response!
What is the dose and for how long, and what indices measured looking for the response.

7- References: Most are not recent.

Quality of written English: Acceptable

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