Reviewer’s report

Title: Recurrent intracortical osteosarcoma - A case report with a long-term follow-up

Version: 2 Date: 10 August 2010

Reviewer: Hisham Shalaby

Which of the following following best describes what type of case report this is?: Other

If other, please specify:

A presentation of a very rare variant of osteosarcoma that is not sufficiently reported in the literature.

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?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

The authors have responded well to the issues raised. There response however needs to be included in the final text to clarify the message to the reader. So, please include in the appropriate sections of the final text the following:

Include the work-up done initially:
“A bone scan showed increased uptake of radionuclide at the lesion. Chest roentgenogram, routine laboratory tests (CBC, BUN, Cr, liver function test, Alkaline phosphatase) were within normal limits. We did not have available MRI in our center in 1997”.

Include how the biopsy was done:
“open incisional biopsy at antero-medial surface of tibia planned based on the x-rays”

Explain why was a 14 cm excision attempted if the actual tumor size was less than 4 cm and well circumscribed:
“because MRI was not available a wide margin was chosen to ensure complete excision”

Explain why no chemotherapy was given in the initial episode:
“Because the biopsy pathology showed a low grade tumour & the final pathology showed adequate margin of surgical management and because the literature suggests that 8 / 18 cases of intracortical osteosarcoma were managed successfully without using chemotherapy. That is why a decision has been taken not to give chemotherapy.”

Explain the choice of reconstruction of the skeletal defect
“although other techniques are available for reconstruction of large defects, the ilizarov bone transport is a technique that is well mastered in your department allowing its application with minimal local complications and a final good result.”

This message has to be very clear, because the bone transport is a technically demanding technique that can cause serious complications in the inexperienced hands. You choose this technique because you are well familiar with it. Other surgeons with lack of such experience should not attempt to simply reproduce this management because it worked in your case.

Explain the stability of the fixation on the distal ring:
“the stability was helped by the intact tibiofibular joint”

Quality of written English: Acceptable

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