Reviewer’s report

Title: Gastric and duodenal metastases of malign melanoma

Version: 2 Date: 20 February 2010

Reviewer: Marek Wronski

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

If other, please specify:

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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?: No

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

The manuscript, which I reviewed with interest, presents a case of a melanoma metastatic into the stomach and duodenum. The endoscopic appearance of GI metastases of melanoma have rarely been reported in the literature. The paper highlights the importance of ruling out a metastatic melanoma in the patients having a history of melanoma treatment who present with endoscopic abnormalities. The paper has, however, some drawbacks:
Revisions:

1. I can not agree with the authors that the primary focus of melanoma is unknown in this particular patient. She had undergone a foot amputation due to a big toe melanoma in the past and this lesion should be regarded a primary focus in this case. Melanoma is an unpredictable neoplasm and metastases might occur even 10-20 years after the primary treatment.

2. I think there is little sense in recommending endoscopic surveillance in all melanoma patients, as the authors do, because GI metastases usually occur in the late-stage disease that precludes any radical treatment and isolated GI metastases are extremely rare. On the other hand, the diagnosis of melanoma should always be considered in the patients with a history of melanoma that present with GI symptomatology or endoscopic abnormalities.

3. The results of ultrasound and tomographic examinations should be revised because some parts are hard to understand:
   - “portal hepatitis” – porta hepatis (?)
   - “a few circles in the peripancreatic region” – I guess, these are enlarged lymph nodes?
   - “metastatic LAP” - ?
   - “thorax BT” - ?

4. The term of “malignant melanoma” should be used uniformly in stead of “malign melanoma”.

5. The references should have the same format.

6. The references 11 and 12 are identical and one of them must be deleted.

7. The technical parameters of CT are irrelevant and can be omitted.

8. The abbreviations such as “Thorax BT, GIT, GIS, LAP” need explanation.

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

**Declaration of competing interests:**

I declare that I have no competing interests.