Reviewer's report

**Title:** Primary follicular lymphoma of the epididymis \(t(14;18)(q32;q21)/IGH-BCL2-positive: a case report

**Version:** 2  **Date:** 7 September 2011

**Reviewer:** Abner Louissaint

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

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:

This case report is very interesting - As you report, FL of the testicle is rare and FL confined to the epididymis is even rarer. Furthermore, it is particularly unusual that this FL has so far not been associated with persistent or recurrent disease, despite occurring in an older individual and being associated with \(t(14;18)\). Therefore, I think there is a lot of value in reporting this unique case.

However, I would be careful about drawing the following significant conclusions from this one case:

Conclusion 1: Expression of BCL2 protein is not specifically correlated with IGH/BCL2 gene rearrangement, but may be expressed independently - I think one cannot draw this conclusion from the one patient. For one, it is now...
documented in the literature that mutations can occur with the BCL2 gene that could cause modifications in the epitope targeted by standard antibodies to BCL2. This is a possible explanation for why the neoplastic cells appear negative for BCL2 protein despite having t(14;18). This should be discussed as a possibility instead of suggesting that BCL2 protein generally does not correlate with t(14;18).

Conclusion 2: NO correlation between t(14;18) and prognosis. Again, I think this is a big conclusion to draw from one case. While prognosis of this case appears good to date, 15 months in relatively short F/U period, as many studies have longer F/U and several cases in the literature have had recurrences occur after a longer period than this. Although this case appears to have a good prognosis with t(14;18), (which makes it interesting), I do not think its entirely correct to generalize and suggest that there is no correlation between t(14;18) and prognosis.

Conclusion 3: t(14;18) negative and t(14;18) positive cases represent the same entity. Again, I don't think this one case provides sufficient evidence to make this claim. There have been a few cases of testicular FL with t(14;18) with recurrences and poorer prognosis. There is not enough experience with testicular FL in adults with t(14;18) to make the claim that all t(14;18)+ and t(14;18)- cases in the testicle represent the same entity.

To summarize, I believe this is a very interesting case and very much worth reporting, but I would suggest modifying the conclusions such that they do not generalize on the basis of this one very unusual case.

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

**Declaration of competing interests:**

I declare that I have no competing interests.