Reviewer’s report

Title: An unusual case of metastasis of a pulmonary undifferentiated pleomorphic sarcoma to the right ventricle: a case report

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Reviewer: Keith Buchan

Comments to authors:

Abstract

Cardiac neoplasms are rare, and the vast majority are metastatic in origin.The majority of cardiac neoplasms are primary, not secondary, at least in Cardiothoracic clinical practice. Secondaries might predominate in the post-mortem room but that is not of any interest to cardiac surgeons.

Case Presentation

How was the diagnosis of sarcoma in the right lung made? ie was it biopsied or resected?

Immunohistochemical analysis demonstrated that the tumor cells were strongly positive for vimentin and CD68, and moderately positive for Ki-67(+). Focal staining for actin and desmin was also observed, but S-100, CD34(-), CK(pan), CAM5.2 and EMA were all negative.

The detailed pathology report appertaining to the original right sided pulmonary sarcoma should also be specified.

Discussion

Histopathological examination of the surgical specimen in our patient clearly showed that the cardiac tumor was a metastasis from the lung cancer. I think the authors mean the pulmonary sarcoma

Further comments

If the authors can substantiate their claim that the original right sided pulmonary lesion was the same as the cardiac lesion histologically, then it is an interesting case. Whether or not the right ventricular lesion was present at the time of the original right sided pulmonary lesion should be addressed – was there an ECHO
scan carried out at that time showing no tumour in the RV? Rather than the lesion being a metastasis, it should also be accepted that it could have been a second primary sarcoma arising primarily in the right ventricle. Personally I think either scenario is very interesting and worthy of publication providing the above points are clarified.