Reviewer’s report

Title: Occurrence of bladder metastasis 10 years after surgical removal of a primary gastric cancer. Case presentation and review of the literature.

Version: 2 Date: 8 February 2013

Reviewer: Raguram Ganesamoni

Which of the following 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?: Yes

Is this case worth reporting?: No

Is the case report persuasive?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

Though the case report has been put together coherently, there are important issues regarding the management of the patient and lessons learnt from the patient. In differentiating primary from secondary bladder adenocarcinoma, a profile of CDX-2 -, CK 7+, CK 20- favours primary bladder adenocarcinoma rather than metastasis. [1] CEA does not help in differentiating these tumors since 100% of secondary and 87.5% of primary bladder adenocarcinomas have been shown to be CEA+. [1] CDX-2 is a highly sensitive and specific marker for adenocarcinoma of intestinal origin, which is negative in this patient. [2] CA 19.9 is positive in 50% of bladder cancers. [3] EMA and CEA positivity has been reported in hepatoid bladder adenocarcinoma. [4] About 50% of gastric carcinomas are CK20 positive. [5] Thus, CK20- does not support a metastatic origin. Primary signet cell carcinoma of urinary bladder with a profile of
CK7+/CK20± has been successfully treated by docetaxel chemotherapy.[6] It has been reported that signet cell component of urothelial carcinoma has CEA positivity.[7] The nested variant of urothelial carcinoma can spare the surface urothelial involvement and have CA19.9 and CEA positivity.[8] CA19.9 and CEA positivity just implies glandular differentiation.[8] Considering the immunohistochemistry profile and long delay from the primary diagnosis of gastric cancer, the reported case appears to be some variant of primary bladder adenocarcinoma, which must have been managed in an entirely different manner.

The manuscript has multiple spelling and grammatical errors.

References:
8. Terada T. Nested variant of urothelial carcinoma of the urinary bladder. Rare Tumors 2011;3:e42.

Quality of written English: Not suitable for publication unless extensively edited

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