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: 10 February 2013

Reviewer: Laszlo Herszenyi

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?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: No

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

The authors present an exciting case-report, demonstrating the case of a 59-year-old male patient with primary gastric adenocarcinoma, which has been removed surgically 10 years before developing bladder metastasis. Detailed histological examination demonstrated adenocarcinoma, which turned out to be a distant metastasis of the primary gastric adenocarcinoma. One year later after the appearance of this unusual metastasis, abdominal surgery revealed peritoneal metastases.

As stressed by the Authors, this is the first known case in Europe, where bladder metastasis occurred 10 years after surgical removal of the primary gastric adenocarcinoma.
Overall, the presentation of the topic is a little confused. The English language should be extensively improved.

The manuscript is suitable for publication after revision.

1. General
Overall, the presentation of the topic is a little confused. The English language should be extensively improved.

2. Patients and Methods
• The authors should spend time to discuss whether the histology is able to distinguish in 100% distant metastasis of gastric adenocarcinoma and primary bladder adenocarcinoma.
• On the other hand, colonoscopy detected a 4 cm sessile polyp in the ascending colon, with high-grade dysplasia. It is well documented, that a polyp like this, with the above mentioned parameters (big size, HGD) should already been considered as a potential colorectal carcinoma (CRC). Are you sure that the bladder tumor (metastasis) and peritoneal metastases are not originated from the colon?
• Are you sure that the bladder tumor was independent form diffuse peritoneal metastases?
• Do you have any information regarding the HER-2 status of this patient?
• What about the tumor marker panel of this patient: 10 year before and during the presentation of bladder tumor, colorectal high-risk adenoma (tumor?) and peritoneal metastases?
• Did the patient have any potential common risk factors for gastric and bladder tumors (smoking, family history, etc?).
• The Authors should add some immunhistochemical figures with conclusive evidence.

4. Discussion
• Overall, the discussion is also slightly confusing.

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

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