Reviewer's report

Title: Small cell lung cancer with VGCC antibody-positive paraneoplastic limbic encephalitis: a case report

Version: 1 Date: 20 January 2014

Reviewer: Nagio Takigawa

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?: 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:

Authors concluded that physicians should know the potential of malignant neoplasms associated with PLE and a clinical marker such as VGCC antibody might help the PLE diagnosis of the disease. The manuscript was well written and authors extensively summarized the PLE cases. My comments were below.

1) Page 4, line 1 -> Fig. 1A: line 10 -> Fig. 1B
2) Page 4, line 4 -> Fig. 2A; line 11: Please insert ‘Fig. 2B’
3) Page 4, line 6: In addition to limited disease, please describe TNM classification. Authors also describe performance status at diagnosis and after chemotherapy.
4) Page 4, the bottom line: The manuscript of Ref 6 was written in Japanese.
Thus, readers might not find the cases of SCLC patients with PLE. Please quote the original articles or English reviews.

5) Did authors measure anti-VGCC antibody after they knew negative result for anti-Hu antibody? I could not know it from the case presentation. I would like to know whether physicians should measure anti-VGCC antibody and anti-Hu antibody simultaneously or sequentially (after negative result of anti-Hu antibody) in clinical practice.

6) Did the patient have symptom of Lambert Eaton myasthenic syndrome because he had VGCC antibody?

7) Did the patient have abnormal laboratory data such as hyponatremia?

8) Page 3: Glasgow Coma Scale of 15 was full marks despite of consciousness disturbance, impairment of short-term memory and psychiatric symptom. Is the description real?

9) Did authors measure antibody for voltage-gated potassium channel (VGKC)? Encephalitis associated with anti-VGKC complex antibodies was described (Brain 2004; 127: 700-712).

10) Did authors reassess the anti-VGCC antibody after response was obtained? The titers of antibody in Lambert–Eaton myasthenic syndrome were correlated with clinical evolution (Journal of Neuroimmunology 2008; 197: 47–53).

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

**Declaration of competing interests:**

I declare that I have no competing interests.