Reviewer's report

Title: Pleomorphic adenoma presenting with conductive hearing loss in ear canal: a case report and literature review

Version: 1 Date: 28 January 2014

Reviewer: Vincent Vander Poorten

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?: No

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?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

Pleomorphic adenoma in the title should be Pleomorphic adenoma.

P 4 line 14: I would put more stress on the necessary differential diagnosis with adenoid cystic carcinoma, which is also rare but which is observed not unfrequently -maybe even more frequently than pleomorphic adenoma. This can also present clinically and radiologically as "well demarcated" (mostly a CT temporal bone is made with rather poor soft tissue detail). I have encountered several cases with even misdiagnosis after definitive pathology elsewhere, the diagnosis only being made after slide review of an experienced pathologist. A small punch biopsy is probably indicated to be sure what you start operating. I would even suggest to include such a statement in the conclusion on p 5 ("the most important differential diagnosis is adenoid cystic carcinoma of the external
The question is whether you really need a "wide" margin. What do you mean by wide? In all other locations of pleomorphic adenoma this is not needed (e.g. 60% of parotid pleomorphic adenomas have an area near the facial nerve where there is no cuff of normal tissue yet recurrence is only observed in 0.8%), a complete resection is the most important thing to prevent recurrence. A generous approach identifying the facial nerve first is necessary to have a good and safe access an to perform a controlled resection without having the danger to cause spillage, but the margins do not need to be very large - I would say 2 mm would be enough at this site... with frozen section control of the margins....

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

**Declaration of competing interests:**

'I declare that I have no competing interests'