Reviewer's report

Title: Pancreatic hamartoma: A case report and literature review.

Version: 0 Date: 13 Sep 2015

Reviewer: Cindy Neuzillet

Reviewer's report:

The authors report the case of a 68 year-old man with a pancreatic tumor with initial benign presentation, who required surgery due to an increase in tumor size and suspicion of IPMN with malignant transformation. The tumor was classified as a pancreatic hamartoma based on its histological description (mature adipose tissue and colonization of dilated pancreatic ducts with mild fibrosis).

The case is clearly exposed and well illustrated.

However, I have some concerns regarding the clinical management and the final diagnosis:

MAJOR CONCERNS

- Regarding the initial case presentation (first paragraph): the authors describe the lesion at imaging but do not provide their initial diagnostic hypothesis to justify how they managed the patient.

Can the authors indicate what was their initial diagnosis? They indicate in the next paragraph that they had a suspicion of IPMN with malignant transformation. Was the lesion compatible with benign IPMN at baseline imaging? Was there a communication between the cysts and the pancreatic ducts at MRI that could have supported this diagnosis? If not, based on what criteria did they decide to follow-up the patient? If the nature of the lesion was uncertain and given its size > 3 cm, a biopsy under EUS could have been discussed: did the authors considered this option and can they explain why they decided not to perform a biopsy at this stage to support them in a non-invasive therapeutic strategy?

- In the second paragraph of case presentation: can the authors discussed why they decided to go directly to surgery and not to perform a biopsy at this stage (benefit/risk balance of the biopsy given the morbidity/mortality of the surgical procedure vs. risk of sample bias, fear of biopsy complication such as pancreatitis or tumor cell dissemination, typical aspect of the lesion on imaging…)?

- Regarding the final diagnosis of hamartoma: the histological description of the lesion is not typical of a hamartoma; it seems very uncommon in other reported cases to observe such an
abundant adipose component within the lesion. Can the authors comment on this? Were there other cases in the literature of hamartoma with similar aspect of predominant adipose tissue? If not, the conclusion should not be so affirmative (when describing pancreatic hamartoma as "mature adipose tissue and fibrosis"). We agree that a lipoma does not typically present with trapped ducts inside the lesion and is not the most probable diagnosis. However, this presentation may be compatible with a lipomatous pseudohypertrophy (example of reported cases: Altinel D et al, Pancreas 2010; Shimada M et al, Case Reports in Gastroenterology 2010), a differential diagnosis that the authors do not discuss. Could the authors comment on this? Can they add a paragraph in the discussion about this differential diagnosis? Can they provide the results of the CD34 and CD117 immunostaining that are typically positive in hamartoma to reinforce their diagnosis?

MINOR CONCERNS

- The first paragraph of the discussion is redundant with the introduction and may be deleted.

- The table 2 is quite buzzy. It would be valuable if the authors add a bottom line to summarize the data (median age, sex ratio, % of cases in the pancreatic head/body/tail, median size, % of positive cases for each feature…) of each column.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

No

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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Please indicate the quality of language in the manuscript:

Acceptable

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