Reviewer’s report

Title: Primary pancreatic plasmacytoma: a rare case report

Version: 0 Date: 07 Sep 2016

Reviewer: Ben Lawrence

Reviewer’s report:

This is a potentially interesting case of a very rare primary pancreatic plasmacytoma, but needs additional description before it can be considered for publication. In general, as well as addressing the itemized list below, I suggest the authors shift the focus in the discussion from radiological description (which will never be definitive enough in such a rare tumour to guide management) to include the more interesting aspect of what this case contributes to our understanding of tumourigenesis and clinical management.

1. This case is interesting because it is apparently a primary pancreatic plasmacytoma. But to confirm this is not a 'secondary’ plasmacytoma in context of myeloma, it needs careful description of myeloma work up so the reader feels comfortable with this conclusion. This detail is missing, e.g. Blood results not given. "Routine blood tests suggested infection" - needs explanation in setting of plasmacytoma because differential of multiple myeloma. Which "tumour markers were within normal limits"? Morphology and IHC staining results need to be explicitly stated (and shown in figure).

2. The clinical description of the case is limited and so reduces the learnings for clinicians eg. Why did "electrocardiogram reveal myocardial ischaemia." Was the presentation due to myocardial infarction? This is important because would suggest true incidental findings and so more benign course. Given MRI findings, was this an R2 resection? If so what is happening in follow up. There is a significant and unexpected difference between size on MRI and operative findings but no explanation. If truly primary in pancreas, then length of follow up should be stated to allow reader to determine whether this true (ie Myeloma has not become apparent in followup. Discussion paragraph 5 - differential diagnosis is incomplete. The MRI features are interesting but description of other tumour appearance is oversimplified and so limits impact.

3. The novelty of the case relies on accurate literature review, but review appears to be incomplete. A quick pubmed search found additional cases of primary pancreatic plasmacytoma not referenced in the current paper (e.g., one of the 6 cases described by Wizzane etal 2013). Also the comment of 20 previous cases of secondary plasmacytoma does not match previous descriptions of "50 cases" described by other authors (eg. Lopes da Silva, 2012)

3. Inconsistency within the document - is this the 4th case (as stated in abstract) or the 3rd case (as stated in discussion)? (noting that both are incorrect as in point 3 above).
4. The writing needs some attention. e.g. grammar in sentence 1 and 2 of background. Spelling mistakes eg. Bence jones proteins line 44, extramedullary line 52, plasmacytomas line 54, etc. Discussion paragraph 3 is a bit confusing because mixes primary and secondary pancreatic plasmacytoma. Discussion paragraph 4 is banal and does not contribute to the learning from this case.

I wish the authors well in reformulating this short paper, and hope these comments are constructive and help lead to eventual publication.

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

No

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

Unable to assess

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If not, please explain in your comments to the authors.

No

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Not relevant to this manuscript

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