Reviewer’s report

Title: The various clinical spectra of juvenile xanthogranuloma: Imaging for two case reports and review of the literature

Version: 0 Date: 13 Jan 2019

Reviewer: NEUSA YURIKO Neusa 626227 Valente

Reviewer's report:

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If proved without doubts that the two cases are of juvenile xanthogranuloma (JXG), they are clinically atypical and very interesting, but I am not sure about the diagnoses. When the JXG presents with clinical typical lesions, no histopathology is necessary, but on the contrary, like in these cases, careful histopathology and immunohistochemistry is essential to confirm the diagnosis and to exclude the differential diagnosis: In the case 1, presenting as blueberry muffin baby, remember that myeloid sarcoma has also this presentation and be positive to CD 163, as in this case. The histopathological figures, without high magnifications do not exclude myeloid sarcoma. In the case 2, in the histopathological figures, emperipolesis can be seen, as plasma cells or plasmacytoid cells, and some atypical cells. Even not specific for Rosai-Dorfman disease, the association of referred positivity to protein S100 antibody, makes this diagnosis more probable than JXG.

My opinion is that the authors need to review the histopathology and the immunohistochemistry of both cases. If a diagnosis (the same or other) beyond any doubts, is achieved, rewrite the paper, with full discussion about the differential diagnosis.

Are the methods appropriate and well described?
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No

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