Reviewer's report

Title: Syringomatous adenoma of the nipple: report of a case

Version: 2
Date: 25 July 2015

Reviewer: Nikolaos Salemis

Which of the following best describes what type of case report this is?: None

If other, please specify:
A rare clinical entity.

Do you believe the case report is authentic?:
Yes

Do you have any ethical concerns?:
Yes

Is the Abstract representative of the case presented?:
Yes

Does the Introduction explain the relevance of the case to the medical literature?:
Yes

Does the article report relevant patient information?: Yes

Does the article report relevant physical examination findings?: Yes

Does the article report important dates and times in this case?: Yes

Does the article report the diagnostic assessments?: Yes

Does the article report the types of intervention?: Yes

Does the article report a summary of the clinical course of all follow-up visits?: Yes

Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?:
The authors report a single case of syringomatous adenoma of the nipple in a 41-year-old female patient.

Syringomatous adenoma of the nipple (SAN) is a very rare clinical entity that requires thorough evaluation and management in order to avoid misdiagnosis or overtreatment in terms of extensive surgery.

I think that there are several issues that need to be addressed in this manuscript.

A. COMMENTS FOR CASE PRESENTATION SECTION
a. Was immunohistochemical staining considered in this case?
b. I am not sure if CT scans and bone scintigraphy were necessary in the evaluation of the patient.

B. COMMENTS FOR DISCUSSION SECTION
a. There is nothing mentioned about the differential diagnosis of syringomatous adenoma of the nipple. I think that the authors, using adequate references, need to briefly discuss on the main differentials of SAN (either benign or malignant lesions). The important role of immunohistochemistry should be underlined in differentiating these lesions.


c. SANs are benign lesions that do not metastasize. However there is a reported case of axillary sentinel lymph node micrometastasis of a SAN that had been initially misinterpreted as an adenocarcinoma (Chang CK et al, Arch Pathol Lab Med. 2003;127:e155–e156)

c. Given that SAN is a tumor with high potential for local recurrence, I do not think that we can recommend that a biopsy performed with an incisional intent (as written in the case presentation section) would be an alternative treatment option.
B. GENERAL COMMENTS
a. There are misspellings in the authors’ names in references 6 and 10
b. The title of reference 9 is incomplete.

Level of interest: An article of limited interest

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

Declaration of competing interests:
I declare that I have no competing interests