Reviewer's report

Title: Clinical spectrum of intrathoracic Castleman disease: a retrospective analysis of 48 cases in a single Chinese hospital

Version: 2 Date: 7 January 2015

Reviewer: Amelie Guihot

Reviewer's report:

Luo et al report an interesting series of 48 cases of intrathoracic Castleman disease in a single center. The strength of the study is the number of cases included, all with pathological proven diagnosis, including two cases diagnosed on lung biopsies.

Major comments:

1/ The HHV-8 infection is not provided. Probably the HHV-8 PCR is not done routinely in this hospital. However, this could be discussed at least for MCD, and the HHV-8 infection could be evoked if the patients are of African origin or homosexual, which is not described in the clinical findings -but is not probable because of the sex ratio described here (female 65%). This is important because in a recent series approximately 50% of HIV negative MCD are HHV-8 positive (Dossier et al, Clin Infect Dis 2013;56(6):833). Furthermore, the discrepancies between the present study with this recent study on HIV negative MCD (median age 66 years, that is older than the present study –median age 41 years-, ethnic origin, sex ratio) should be commented.

2/ The study focuses on thoracic CD: the details about extrathoracic CD should not be given (Table 1), also because there is no significant difference between the intrathoracic and extrathoracic group. Table 2 lack the lung involvement on high resolution CT scan, and the lymph node involvement location as well.

3/ The pathologic criteria for CD diagnosis need to be more detailed: normal lymph node architecture ?, “onion skin” mantle ? zone hyperplasia ?, and vascular hyperplasia ?. Criteria for HV type and PC type should be detailed in the methods. Was there a histological review? Was there a HHV-8 LANA staining? The 2 pathologists name who have supervised the analysis should be quoted (amongst the authors probably)

Minor comments:

1/ English is approximative: page 8 line 169 “HIV was not so popular”?? Page 1 line 7 “can be manifested as”. What’s the difference between intrathoracic and respiratory? Is respiratory lung involvement? Page 1 line 7 “Can be manifested as”

2/ Table 2: The proportion of HIV serology done amongst the 48 patients is not
clear. Please clarify in the table 2: HIV+ n=xx, HIV- n=xx, Not done n=xx. The clinical outcome is not well described in the Table: Chemotherapy, percentage of remission, occurrence of lymphoma (is there any case of primary effusion lymphoma?), death, alive after which delay? The occurrence of flares and remission episodes for MCD is not described, as well as the presence of autoantibodies. The Chest CT scan findings would be welcome.

3/ Page 1 line 3 “it can be classified as unicentric OR multicentric”

**Level of interest:** An article of importance in its field

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

**Statistical review:** No, the manuscript does not need to be seen by a statistician.