Reviewer's report

Title: Crohn’s Disease Presenting With Orbital Myositis After Loss Of Response To Infliximab And Then Responding To Adalimumab - A Case Report And Review Of The Literature

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Reviewer: John Nguyen

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- Minor Essential Revisions

The authors presented an interesting case of orbital myositis in a patient with Crohn’s disease (CD) who had stopped infliximab and 6-mercaptopurine due to adverse reactions, and both CD and orbital myositis responded to corticosteroid and adalimumab. The case report is unique and deserves publication with revisions.

1. Title – Loss of response is suggestive of a therapy no longer effective; however, the patient in this case developed adverse reactions to both infliximab and 6-mercaptopurine. A better title maybe “Adalimumab for Orbital Myositis in a patient with Crohn’s disease who discontinued Infliximab”

2. Abstract

a. Background & Aims - Again, loss of response seems to suggest of efficacy issue rather than discontinuing of therapy due to adverse reactions. Therefore the last sentence should be “We report the use of adalimumab for orbital myositis in a patient with Crohn’s disease who discontinued infliximab and review the literature.”

b. Methods & Results – “pain over the right eye” should be “right eye pain”; “enlarged right medial rectus muscle” should also include tendonous involvement that is found in orbital myositis. Prednisone is always tapered to zero, so a mentioning of prednisone with tapering dose is enough. Instead of mentioning “long term resolution,” a more objective description of the case is more appropriate, which in this case is 10 months.

c. It is understood that the report mentions the patient follow up at 10 months, so “at the time of this publication” can be removed.

3. Main article

a. Background – The authors is encourage to use of abbreviations such as CD for Crohn’s disease or OM for orbital myositis might help with words limit. Manufacturers/source of medication is typically mention when reference medications within article. Second paragraph: The detail of keyword search of
the literature is not typically mentioned in a case report as it does not add anything to the article, and this is not a meta-analysis article. The author should concentrate on how many of these have been treated with adalimumab and should add an introductory sentence about the case to be describe in the subsequent paragraph.

b. Case Presentation – Fourth paragraph - “(ER)” should be removed as the author does not use ER again in another sentence. “pain over the right eye” should be “right eye pain.” The sentence of “intraocular pressure…” seems to run on, a better organization is suggested. There is also no mentioning of pupil response as well as any afferent pupillary defect, a major component of orbital disease process. In addition, there is no mentioning of optic nerve finding. “…enlarged right medial rectus muscle…” should include tendenous insertion involvement to distinguish from Graves orbitopathy. Fat stranding is typically seen which is not described. Others infectious/inflammatory signs such as T-sign/scleral thickening, sinus opacification should also mention to rule out other etiology. While proptosis can be subjective on CT scan, the mentioning of “significant proptosis” is excessive in this case as the patient has only 1.5mm proptosis (which can be found in normal population). It is not cleared why the patient is on both methotrexate and adalimumab.

c. Written consent statement seems out of place when attaching to the end of the case presentation

4. Discussion

a. Second paragraph – Thyroid orbitopathy generally does not cause pain as in orbital myositis. The eyelids are usually retracted which is not seen in orbital myositis.

b. “know infliximab pharmacokinetics” should be “known infliximab pharmacokinetics”

c. The author might want to expound on the potential of adalimumab for infliximab failed patients especially the lack of murine based component as there has been reports of less side effects with adalimumab use.

5. Figure 1 description – Difficult to see conjunctival injection with closure of lids on the right side. A more descriptive such as erythema and edema of the right upper eyelids is more appropriate. The second photo shows a fullness of the superior sulcus which is suggestive of proptosis; however the photos is not the standard view to show proptosis, which typically project a patient’s eye position from above the brow or similarly from below with looking up pass the jaw a reference line.

6. Figure 2 description – The axial view shows partial view of the medial rectus. A slide with involvement of the tendon is critical for the diagnosis myositis. Important descriptions such as fat stranding without scleral thickening are critical to rule out scleritis. Proptosis is typically seen in orbital disease; unless there are other important findings, there is no benefit to point out proptosis separately.

Level of interest: An article whose findings are important to those with closely
related research interests

**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.

**Declaration of competing interests:**

I declare that I have no competing interests