Reviewer's report

Title: Low prevalence of 'classical' microscopic colitis but evidence of microscopic inflammation in Asian patients with diarrhoea predominant irritable bowel syndrome

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Reviewer: Greger Lindberg

Reviewer's report:

The authors have investigated the presence of microscopic colitis in Malaysian patients with IBS-D in comparison with convenience controls (patients without symptoms otherwise undergoing colonoscopy). They found that the prevalence of 'classical' microscopic colitis was low both in patients and controls but that patients exhibited an increased prevalence of unspecific colitis. In order to determine the merits of this manuscript it is necessary to clarify some specific items:

Major Compulsory Revisions

1. The title refers to 'classical' microscopic colitis and the authors state that this was >20 IELs/100 epithelial cells "in conjunction with surface epithelial damage". Please give a reference to these criteria for 'classical' microscopic colitis.

2. The patient studied a consecutive series of patients who met the Rome-III criteria for IBS-D but little or nothing is mentioned about selection factors for this population. Had these patients been investigated at primary care level before being referred? How many had undergone colonoscopy before coming to UMMC? If none had had a colonoscopy before, this is vital information that should be included in the manuscript. If a proportion of the patients had undergone colonoscopy with biopsy before it may become necessary to divide them into colonoscopy-naïve and previously endoscoped patients.

Minor Essential Revisions

3. In the discussion the authors discuss their findings in relation to those reported by Falodia et al. According to the latter classification 12/74 patients in the present study had microscopic colitis. This is somewhat confusing and I find it difficult to make up my mind whether microscopic colitis was present or not in a significant proportion of Malaysian patients with IBS-D.

4. The sentence "Three cases had involvement of the rectum, four cases had involvement of the sigmoid or descending colon but in four cases inflammation was seen only distal to the splenic flexure only" is difficult to understand. First, there is more words only than needed, and secondly, I think it should be "proximal" rather than "distal".
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.

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