Reviewer's report

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

Version: 3 Date: 3 January 2013

Reviewer: Greger Lindberg

Reviewer's report:

The authors have substantially improved their manuscript and my impression is that they have adequately responded to my previous comments. A few more but minor comments can be made:

Minor essential revisions:

1. The reference list has not been formatted according to BMC style. Year of publication is missing in all references. There should be a space between the : after the last author and the title of the article, and there should be a space between . after the article title and the journal abbreviation. The latter should be followed by the year of publication.

2. The title refers to "diarrhoea predominant irritable bowel syndrome" which is a term that was used in the Rome-II classification of functional bowel disorders, but in the article the authors use the term "irritable bowel syndrome with diarrhoea" which is the correct term in Rome-III classification. I think the title should be changed to reflect the fact that patients were classified according to Rome-III.

Discretionary Revision (perhaps for discussion):

3. This is perhaps more a comment than a question that can be answered: When doing a scientific study on a population with the label "IBS-D" it is important to understand under what circumstances this label was attached to patients. If it sufficed to fulfil the symptom criteria for IBS and IBS-D and no investigations had been done the population would include patients with celiac disease, bile salt malabsorption, exocrine pancreatic insufficiency, collagenous colitis and perhaps a number of other causes for similar symptoms. Although it has been argued that it is in general safe to make the diagnosis of IBS positively by using symptom criteria alone, the reality is, and this has been shown in a number of studies that many diseases can mimic IBS. For practical purposes, perhaps the only important question is if the proportion of cases with an organic cause is small enough to be neglected. In the present study all patients were colonoscopy naïve. How many organic causes of IBS-like symptoms had been excluded? Was the number of patients with collagenous colitis (1/74) small enough to be neglected as an organic and treatable cause of IBS-like symptoms?
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