Reviewer’s report

**Title:** A case of pulmonary tuberculosis presenting as diffuse alveolar haemorrhage: is there a role for anticardiolipin antibodies?

**Version:** 1  **Date:** 22 September 2009

**Reviewer:** Jens Schreiber

**Reviewer's report:**

Review

Maruchella and co-workers presented a case report which describes a case of diffuse pulmonary haemorrhage in a patient with pulmonary tuberculosis and anticardiolipin antibodies. This case adds relevant information to the differential diagnosis of diffuse alveolar haemorrhage syndromes. Therefore I recommend publishing it in the BMC Infectiology after revision.

I recommend that the authors address the following points.

1. They claim that the chest imaging shows “bilateral ground class opacities”. This phenomenon describes a hazy increase in lung opacity with preservation of bronchial and vascular markings. The figure of the manuscript does not show ground glass but an alveolar filling pattern – what is consistent with DAH - and possibly nodular infiltrates. The original CT-scans should be reviewed by a roentgenologist experienced in Pulmonology and the CT-pattern should be described precisely. The authors should try to attribute the CT pattern towards DAH (alveolar pattern) or TB (nodular pattern) if this is possible on the basis of the original CT scans.

2. Was there a clinical or roentgenological correlate for TB?

3. The authors should comment on the negative IGRA. Did they do skin-testing?

4. It would be interesting and practically relevant to get more information on the time course. Was there an initial immediate treatment of DAH with steroids? When did they start antimycobacterial therapy? When did it work? What is a “prompt improvement” and was antimycobacterial therapy the only intervention?

5. The usual term is “acid fast bacilli”.

6. I recommend presenting the differential cytology of the BAL. Please state, that no histology is available (if so). Were the results for nonspecific bacteria completely negative?

7. I agree that the transient presence of aCL is intriguing; however I recommend pointing out that this does not necessarily verify a pathogenetic link.

8. A careful linguistic revision is strongly recommended.
Jens Schreiber, MD

**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.