Reviewer's report

**Title:** Outcome of Hospitalized Patients with Tuberculous Pleurisy: Clinical Impact of the Disease Extent

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**Reviewer:** Bernt Lindtjorn

**Reviewer's report:**

The authors present a retrospective cohort study on culture positive pleural tuberculosis.

The diagnosis of tuberculosis pleuritis is often difficult and the acid fast bacilli microscopy rarely detects the tubercle bacilli. Culture is positive in about 40% of cases. Histology of pleural biopsies may diagnose tuberculosis up to 80% in immunocompetent patients, but is much lower in HIV patients.

**Major Compulsory Revisions**

The objectives of this study are not clear: In the Abstract the authors state that their aim is «..... to analyze the clinical characteristics and in-hospital outcome of hospitalized patients for tuberculous pleurisy. In the main text they write: «we are interested in investigating the prognostic factors for hospitalized patients with TP, with special emphasis on the impact of the disease extent of TP». Both these objectives are broad. The paper is however limited to patients with culture positive pleural fluids. This needs to be stated in the objectives and title.

Although the authors recognise that they only study culture positive pleural tuberculosis cases, they should write more about this in their discussion on limitations. The paper probably represents a minority of patients with pleural tuberculosis.

Were all patients HIV tested. If no, how many were tested?

The authors do a retrospective cohort study. They present a Kaplan Meyer graph to show survival rates. Why do they use logistic regression to analyse survival data? Is a Cox regression not more suitable?

The authors state that taking a biopsy is a prognostic factor (Table 6). What they probably mean is that taking a biopsy gives an earlier diagnosis, and thus is a prognostic factor. They should rephrase their variable name or explain what they mean.

How often was pleural cultures done on pulmonary tuberculosis patients with pleural effusion? Often, we diagnose pulmonary tuberculosis (culture positive sputum). Some of these patients have also pleural effusions. With a confirmed tuberculosis diagnosis, pleural cultures are not done in a busy clinical setting. These patients could be diagnosed as pleuro-pulmonal tuberculosis. Do the
authors have any information on these patient characteristics.

Minor Essential Revisions
The discussion would have benefited if the authors could give the readers more information on how to improve diagnosis of pleural tuberculosis. Are there other methods that biopsy and culture?

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

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

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