Reviewer’s report

Title: Expanded Dengue Syndrome: Subacute Thyroiditis and Intracerebral Hemorrhage

Version: 1 Date: 23 June 2012

Reviewer: Rudra Prosad Goswami

Reviewer’s report:

Major Compulsory Revisions:

A. Abstract:
1. While writing sentences of historical importance like “on seventh day after onset of fever, patient developed severe headaches... Patient also developed painful neck...” – maintain a proper chronology of events.

B. Introduction:
1. Paragraph 2, sentence 2 (“Dengue is the most rapidly spreading mosquito...”): Provide a reference.
2. In the last line of the second paragraph the authors coin the term “dengue thyroiditis”. It is a fact that intracerebral haemorrhage, subacute thyroiditis occurred in a patient with dengue infection. That does not necessitate a cause – effect relationship. This is in its own right an association at best. The coinage is discouraged.

C. Case report:
1. The mode of diagnosis of dengue should be very clearly indicated. Mention the name of the kit used and the method of ELISA for detection of IgM. Malaria, leptospira and past dengue infection often cause false positive elevations. Were they ruled out? Also, mention the titre of the positive IgM ELISA.
2. Paragraph 1, sentence 4 (“On 7th day of illness his fever resolved”), paragraph 2, first sentence (“On second day of hospitalization...”) and last sentence of the section (“Patient was discharged on 8th post-admission day”): It is very confusing. The chronology of symptomatic evolution is difficult to understand. Clearly mention the day of illness on which he was admitted and reframe the said sentences and the third paragraph likewise.
3. Third paragraph: ESR values must be given (anti – TPO levels may be added), otherwise differentiation from transient thyrotoxic phase of Hashimoto’s thyroiditis is difficult.

D. Discussion:
1. Paragraph 2, sentence 4 (“A frontal lobe hemorrhage should strongly be suspected in a case of dengue fever who presents with these symptoms along with severe headache and/or loss of consciousness”): This is generalization. Any
cause of rise of intracranial tension may culminate in severe headache, altered
sensorium or loss of consciousness. Personality changes, more related to frontal
lobe lesions, however may not be clinically apparent in a stuporous patient. This
sentence should be reframed.

E. References:
1. How is the reference no. 6 relevant? I am sure the authors can find a better
and succinct reference for their intended purpose.

Minor Essential Revisions

A. Case report:
1. First sentence: 1 20 – year old should be addressed as a “man” rather than a
“boy”. Same applies for the abstract section.
2. Anti dengue antibody tests are well known for cross reactivity with other
flaviviridae. West Nile has been shown to have systemic dissemination with sites
that include the thyroid. Was specific serology to other flaviviridae especially
West Nile sought for?
3. Was primary vs. secondary dengue infection ruled out?

Discretionary Revisions

A. Case report:
1. Is any follow – up available? Did the thyroid function normalized or was the
patient rendered finally hypothyroid?
2. Paragraph 3, sentence 4 (“Serum AST was 117 U/L and ALT was 62 U/L”): it
would be nice to know the serial changes in the liver enzymes.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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"