Reviewer's report

Title: Acute Monoarthritis in a Delayed Diagnosis of Syphilis Patient with Persistent Rupioid Psoriasis-like Lesions

Version: 1 Date: 13 August 2012

Reviewer: John Saunders

Reviewer's report:

Compulsory Revisions:

1. For the main part the case report is well written, however, I would suggest that the authors consider asking a native English speaker to review and edit the case report.

Minor Essential Revisions:

2. page 5, line 5: the normal range stated for CD4/8 ratio is not a range, only a single number

3. page 5, line 6: is your centre using culture methods for the detection of chlamydia and mycoplasma? Culture, although highly specific, lacks sensitivity for the detection of these organisms. Therefore false negatives are a real risk. Was infection with chlamydia and mycoplasma also excluded using any nucleic acid amplification test?

4. page 5, line 14: 'curst' should be 'crust'

Discretionary Revisions:

5. The authors postulate that this is a case of secondary syphilis because of the histological findings of the skin biopsy. However, I remain skeptical given the duration of rash, co-morbidities, response to steroids and sexual history. No doubt, this uncertainty will contribute to debate. How confident are the authors that the lesions were not gummatous and that failure to see granulomatous changes on histology is due to which areas were biopsied and chance?

6. The authors suggest that clinical relapse was secondary to inadequate initial therapy, however, if it is to be believed that this patient had infectious secondary syphilis then could reinfection be a reason for relapse? What measures were taken to ensure sexual partners were investigated and treated? Did the patient abstain from sex until treatment was completed?

7. Is it possible that another explanation for this gentleman’s rash and knee pain may be related to his previous diagnosis of Ankylosing spondylitis and HLAB27 seropositivity? Could they both be an autoimmune manifestation? Could an explanation for the resolution of symptoms following re-treatment be that
methylprednisolone was added to his therapy – something which may reasonably
be expected to significantly help an autoimmune mediated psoriasiform rash and
arthritis?

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

**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