Reviewer's report

Title: Left thigh phlegmon caused by Nocardia farcinica identified by 16SrRNA sequencing in a patient with Leprosy: a case report

Version: 1 Date: 28 January 2013

Reviewer: Alexander Mackinnon

Reviewer's report:

SUMMARY: This is a case report describing an abscess in the left thigh of an individual with a history of leprosy and steroid treatment. The infection was localized. The authors concluded that the causative agent was Nocardia farcinica. The patient is reported to experience complete clinical and radiological response to trimethoprim/sulfamethoxazole and imipenem along with moxifloxacin.

This is a well written and well organized case report. The level of generalized interest is moderate due to the interesting clinical presentation (localized infection) and the rarity of this infection.

If the authors can address the specific issues described below, I recommend that the manuscript be accepted for publication.

- Major Compulsory Revisions

1. More details need to be provided regarding the use of 16S rRNA sequencing to confirm the diagnosis of N. farcinica. What was the source of the specimen that was analyzed? Since the organism was not cultured, how was this assay performed. Please include a summary figure of the molecular data. Since molecular analysis lead to the presumptive diagnosis, this feature of the clinical work-up and evaluations deserves more description in the manuscript. Otherwise there is no data to confirm this diagnosis leading one to wonder if another organism could have been responsible for the infection (although this may be unlikely given the clinical response to therapy directed against N. farcinica).

- Minor Essential Revisions

NOTE: The lines of the manuscript are not numbered making editorial comments less precise.

1. Page 2, (abstract) line 9: minocycline and moxifloxacin were administered daily? Please indicate the dosing regimen.

2. 16SrRNA is most commonly written as ‘16S rRNA’ with a space between the S and r.

3. Page 4, line 23, please describe reference ranges for all clinical lab values, particularly bacteriological index and morphological index. Some readers will not know what these indices are.
4. Page 5, line 2: a comma is needed after ‘thigh’
5. Page 5, line 4: a comma is needed after ‘admission’
6. Page 5, lines 7-10: reference ranges are needed for clinical lab values.
7. Page 5, line 24: “the patient WAS shifted” (add ‘was’)
8. Page 6, line 6: change conditions to condition.

- Discretionary Revisions

NA

Level of interest
-----------------
- An article of limited interest

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'.

What next?
----------

Based on your assessment of the validity of the manuscript, what do you advise should be the next step?

- Accept after minor essential revisions (which the authors can be trusted to make)

Level of interest: An article of limited interest

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