Reviewer’s report

Title: Subcutaneous emphysema as the first relevant clinical sign of complicated tubercular lymph node disease in a child

Version: 1 Date: 16 September 2013

Reviewer: Andrew Riordan

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This case report describes a child presenting with subcutaneous emphysema due to a bronchial air leak, secondary to TB of the hilar lymph nodes. Subcutaneous emphysema has been described in children with TB before, mostly with miliary TB being ventilated. Thus case seems novel, but the learning point is limited (TB can cause SE).

The case report could be improved by;

Major Compulsory Revisions

1. Including information about contact with TB.
   Often the clue to TB in children is a history of contact with TB. Where did this child get TB from?

   The organism was fully sensitive, but non-standard treatment was used because of possible liver toxicity and concerns about drug resistance. This information is confusing and adds little to the case report. It would be better to say the isolate was fully sensitive and the child was treated without rifampicin because of possible liver toxicity.

3. Revise the conclusion.
   The current learning point is; “Physicians should be aware of the fact that SE is one of the possible initial signs and symptoms of early TB infection, and act accordingly”. This could be improved; “Paediatricians should be aware that children presenting with SE may have TB and include this in their differential diagnosis”

Minor Essential Revisions

Figure 2 could be removed as figures 1&3 are adequate.

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'