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: pierre goussard

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Dear Authors

Esposito et al presents an interesting case, which has not been reported in this presentation as a child who presents with subcutaneous emphysema. However some changed must be made before accepting it for publication.

Major Compulsory Revisions

Before accepting this article some serouis issues have to be addressed . The treatment of this patient is confusing. The treatment was change with stopping of the rifampin . If liver dysfunction happens the drugs have to be change to liver friendly drugs but it depends on the significance of the increase, this is not mention, the levels must be included. Also in the case of liver involvement INH must also be stopped. Furthermore it is dangerous to add just one drug as this will increase the chance of MDR TB. More than one drug must be added like a fluroquinoloon. The fact that the gastric aspirate PCR was still positive after 2 and 3 weeks is not a recommendation to add drugs. The authors must describe and explain the drug choices as this may send out the wrong messages. It was also not mention if corticosteroids were added to the treatment. The authors mention in the conclusions that complicated lymph nodes is a well-known clinical syndrome and that this occurs about 4 – 12 months after primary infections. This is controversial and the references must be supplied for this. They mention that frequent clinical manifestations are hyperinflation, atelectasis etc. They are describing chest X ray changes and this must be change to clinical symptoms…..wheeeze, reduce ventilation etc. and then the radiological presentations. Tracheoesohageal and bronchoesohageal is very rare presentations

Figure 2: spreading the bilateral hila ..This is not possible to see from the scan picture provided. Better to say enlarge hilium lymph nodes Also infiltrating structures this cannot be seen on the scan picture a and b. It would be good to put an arrow where the esophagus is to prevent confusion with the air collection. Previous cases with medisatinal air have been described and the authors must refer to these. They describe the lymphnosdes eroding into the airway and cause the leak of air into the mediastinum. Lucas et al. Esophageal perforation has also been described. Erlank et al .The authors must refer to these articles.

Minor Compulsory revisions
Abstract
1. Primary bronchus must be change to left main bronchus.
2. The word replete is confusing and should not be used in this context in medical terms. Please use obstructed with..
3. The authors use the term complicated bilateral lymph nodes...this is not a recognized term and many mean many different things and different complications. They must explain what the mean with this.

Background
4. Line 6 schoolchildren is written as one word

Case description
5. Remove red blood cell count does not add any important information
6. Left primary bronchus must be left main bronchus
7. Complicated lymph nodes ...needs explanation

Legends
8. Figure 2..complicated lymph nodes and well as primary bronchus
9. Figure 3 subcarenal must be subcarinal

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

Pierre Goussard