Reviewer’s report

Title: Severe strongyloidiasis: a systematic review of case reports

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Reviewer: Antonio Montresor

Reviewer’s report:

The MS reports on an exhaustive systematic review that merit publication.

It is my impression that sometime the authors do not concentrate on the main points but divagate on issue of secondary relevance. I am therefore suggesting some change that in my opinion would increase the focus of the MS, however I leave to the authors the decision to include it or not.

I think the paper will be more useful if it will present a little bit more directly (with a short chapter and a table) the following data:

1- Number of cases of for HS and DS reported in literature and the associated mortality
2- Main trigger for HS or DS
3- Proportion of the cases in which strongyloidiasis was investigated before administration of corticosteroids
4- Risk factors for strongyloidiasis
5- Which is the best therapy in case of HS and DS (not only the treatment provided in the reported cases but also the outcome).

In my opinion the authors spend a lot of words (page 6 and 7) in describing what they call “risk factors” that are in my opinion only the reasons that trigger the administration of corticosteroids that are not per-se a risk.

If the suggested points are clearly made the authors can raise the following points in the conclusions:

- Stress the severity of HS and DS
- Suggest that that strongyloidiasis should be routinely excluded (e.g. anamnestically) before corticosteroids administration or suspected in case of immunosuppressive syndromes including HIV, alcoholism and malnutrition
- Indicate the cases in which a laboratory investigation is warranted before the administration of corticosteroid therapy (i.e. in case the patient is an immigrant from or traveled to strongyloidiasis endemic countries).
- They can also suggest that in case of long term and heavy corticosteroids therapy (i.e. in case of transplant) it could be advisable to treat with a single dose of ivermectin the patient also in case of negative serology (and I will elaborate a little bit more on the cases resulted negative before transplant that resulted positive at autopsy).
I have two additional very minor points

(page 3) Line 1 of the Background. In a scientific paper, when referring to a parasite for the first time, the entire name should be reported in italic (i.e. Strogyloides stercoralis) it is not necessary to report immediately after the abbreviated name (S. stercoralis).

Page 5 Countries. The authors already mentioned all the papers included in the review in the first 5 lines of the chapter “countries” I do not think is necessary to refer to each single paper every time you report a data. for example in the last 7 lines of the chapter “countries” at least 4 lines are a series of references to paper you cited before, I do not think this is necessary.

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

**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