Reviewer's report

Title: Severe strongyloidiasis: a systematic review of case reports

Version: 1 Date: 19 October 2012

Reviewer: sitara ajjampur

Reviewer's report:

Major Compulsory Revisions:

Disseminated infection and hyperinfection have been reviewed recently by Mejia and Nutman 2012 and case reports/series have been reviewed in a similar manner by Johnston et al 2005, Segarra-Newnham M 2007, Genta RM 1989 etc with conclusions similar to that described by the authors. Although the more recent PRISMA format for systematic review has been used, the data remains to a large part qualitative and therefore limits the usefulness of this review.

In the first paragraph of the subheading "countries" under the results section, the proportion/percentage of cases from different geographic regions can be described as opposed to case reports from individual countries and among the low endemic countries, the proportion of immigrants/vetrans etc to assess risk. Figure 2 is not required.

Similarly, under risk factors, the proportion with corticosteroid therapy, HIV/HTLV or both can be mentioned. Risk factors for disseminated infection should be examined separately with a note on cases that overlapped. The requirement for table 1 is not adequately explained in the text.

Under diagnosis, the usefulness of microscopy ELISA and culture in disseminated infections and hyperinfections can be examined. However, Table 2 needs additional details on the type/commercial sources of the ELISA as there is an assumption that all the ELISA tests used were similar or performed similarly. This data could be very useful.

For therapy, figure 4 and table 3 can be combined in a single table. Table 4 is not required and can be included in the text. Under outcome, the term "no significant difference" cannot be used as no statistical test was carried out, rather the fatality rates in the 2 groups can be mentioned as similar. Figure 4 is not required and can be included in the text.

In the abstract and main article, the discussion/conclusions should focus on the findings of this review - currently, it is too general. This can include at risk groups in developed countries, ELISA as a screening tool in high risk groups, widespread inappropriate therapy and toxicity.

Minor Essential Revisions

Background in abstract - delete "to our knowledge no systematic review..."
In Background avoid the term "aspecific"
In Methods change "We made systematic.." to "We carried out a.."
In results, under therapy change ".in fact they all died" to "All 44 of x patients who did not recieve therapy died".

Discretionary Revisions

It would be better to avoid too much detail from original case reports in the risk and therapy sections. Instead a more abbreviated version providing an overview of different clinical findings/ scenarios can be included.

**Level of interest:** An article of importance in its field

**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